MENTAL HEALTH: A TIME FOR ACTION

Submitted to the Deputy Minister of Health
Province of Nova Scotia - Dr. T. Ward

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Mental Health: A Time for Action
Executive Summary

This review was undertaken at the request of the Department of Health to fulfill the commitment made by the Progressive Conservative Party as part of its platform. The Department of Health established terms of reference in December 1999 and made initial contact with the reviewers. The reviewers then worked with the Department of Health to develop a format for the review. This included wide notification of the review to interested parties and the arrangement of meetings with many individuals and groups throughout the province. Overall, we met with over 300 people either as individuals or part of more than 71 organizations. We also received 125 written submissions (reviewed in Appendix F). Visits were conducted during March and April, 2000, to various parts of the province. In addition, in fulfillment of part of the terms of reference, 36 previous reports on mental health services in the last decade were reviewed (see Appendix E).

From this review the following items were identified as major issues:

- the need for increased consumer participation in the decision making process, planning, evaluation and delivery of mental health care;
- the provision of a full-range of mental health services and supports in the community, especially the provision of appropriate housing;
- better communication and co-ordination of services amongst government departments, mental health providers, community agencies, and consumers;
- the need for additional funding to provide the necessary community resources to allow mental health consumers to be fully integrated into the community and to provide continuity of care; and
- the need for recruitment and retention of mental health care professionals, especially psychiatrists.

Meanwhile, the Department of Health has made a strong commitment to primary health care reform and implementation of the principles of shared care in mental health. In our report we have endeavored to make recommendations which are consistent with and would support these commitments.

We summarize below what we consider to be the major recommendations and highlights of our review. The reader should refer to the full report for the context of the recommendations. It should be noted, moreover, both that this summary neither gives the recommendations in their entirety nor includes all those found in the report itself.

Mental health promotion, advocacy, education and prevention:

- There is a need to improve information available to the public regarding both specific mental illnesses and services available.
- Mental health programs should work closely with the school system and with Public Health.

Adult inpatient programs:

- Maintain the district psychiatry inpatient units.
- Continue family physician admissions but mental health should run the program.
- Better integrate inpatient and outpatient services.
- Integrate with addictions programs where feasible.

Patients with severe persistent mental illness (SPMI):

- Develop small intensive care residences in the districts for the chronic mentally ill.
- Develop a housing program for those with SPMI. Currently, their needs are met through the housing program of the Department of Community Services, but without any specifically dedicated program.
- Develop housing program standards and licensing appropriate to the clientele.
- Assist those with SPMI to access under utilized subsidized seniors housing.
- Address and clarify the issue of access to newer antipsychotic medications.

Acute/crisis services:

- Review relationships with other providers to ensure adequate access and availability.

Children's services:

- That the DoCS and DoH clarify the responsibility for children with mental health problems, and jointly develop programming that ensures equal access to care and treatment for children regardless of status with DoCS.
- Review the manner in which mental health services for children are purchased through the Department of Community Services as the current method appears to be causing children to be "forced" into care in order to receive a mental health service.
- Support the development of Youth Health Centers.
- Get on with implementing the recommendations from the report 'A New Step Forward'.

Speciality programs:

- Progressively develop seniors mental health programs.
- Consider a small inpatient program for eating disorders to serve the province (potentially at the QEII Health Sciences Centre)
- Treat Forensic Services as a provincial program even though it may be administered by one district. Consider Forensic Services as having a broader mandate than merely inpatient services; there is a need to develop more forensic programs throughout the province.

Administration and organization:

- Develop a mental health program in each district.
- Safeguarding the mental health program should occur through District Health Authorities and the Department of Health.
- Develop the Department of Health role in mental health into the development of overall policy, designation of core programs, designation of provincial and tertiary care programs, standard setting, budget review and monitoring. Setting goals for the overall system is particularly important.
- The Department of Health needs to work more closely with Dalhousie University, other providers and consumers to fulfill their functions.
- We do not support a mental health commission or the continuation of a 'non-portable' budget, provided that other protections are in place.
- Review and update legislation relevant to mental health and patient rights.
- Develop a program for the funding of non-governmental organizations and the programs which they can organize and operate in each district.
- Revise the system of payment for psychiatrists to ensure that it meets the Department's goals for recruitment and retention. Review payment systems for primary care to ensure that they facilitate the Department's goals for primary care reform/shared care.
- Enhance the roles of Dalhousie University, QEII Health Sciences Centre, IWK Grace Health Centre and the Nova Scotia Hospital in Department of Health functions including education, maintenance of competence, retraining, program development, evaluation and research.
- Support the development of a comprehensive provincial information system for health. The Mental Health Section should have input to ensure that this system is relevant for mental health, including its community programs.

Mental Health: A Time For Action

Background and Process of the Review

This review was undertaken at the request of the Department of Health (DoH) to fulfill the commitment made by the Progressive Conservative Party as part of its platform in the document "Strong Leadership ... a clear course", under the item "undertake a comprehensive review of the delivery of mental health services, particularly as they relate to child and adolescent mental health." There are other elements in this document relevant to mental health services including the commitment to be guided by measurable evidence, establishing criteria for determining the number of beds, undertaking an assessment of health care facilities, the development of a list of core clinical services to be provided at community, regional and provincial levels and the development of a Patient's Bill of Rights. In addition, a core committee is to be established, of government and non government representatives, to review and oversee all aspects of the health care system (including mental health) and to regularly comment on the potential impact of proposed policy and program changes.

The DoH established an Advisory Committee for the review which drew up Terms of Reference, dated December 10, 1999 (see Appendix A). Initial contact was made with the reviewers in mid December 1999 (see Appendix B), at which time it was indicated that the deadline for the report would be March 31, 2000. During the process of setting up the review, however, there was much stronger public interest in issues related to mental health than had initially been anticipated and thus the review time was extended to April 30, 2000. Initial discussions established a process whereby there would be opportunities to meet with consumers, family members, consumer organizations, community agencies, service providers, physicians, mental health administrators, health administrators and a variety of government officials. It was also determined that visits would be made to at least one location in each of the current regions with the same continuum of input to the review. The reviewers were requested to provide a list of possible questions for those who wished to either present material verbally or provide a written submission (see Appendix C).

The reviewers are grateful to the staff of the DoH and of the mental health programs throughout the province for making comprehensive and sometimes complicated arrangements for us to meet with as many people as possible, either directly or through video conferencing. At all times, staff from within the DoH, the regional mental health programs, the Non Designated Organizations and Dalhousie University, provided every assistance possible in facilitating meetings with appropriate stakeholders. In addition, numerous reports and past reviews were made available to the reviewers as was material requested from the DoH regarding service utilization.

In total, reflective of the range of stakeholders as indicated in the Terms of Reference, we met with approximately 300 people, either as individuals or as part of over 71 organizations (see Appendix D). In addition, 125 written submissions were received. We believe that this has provided us with an adequate opportunity to have an overview of mental health services in Nova Scotia. It should be noted that the written submissions provide a wealth of information at a level of detail well beyond the mandate of the review. This information provides feedback and insights on services, policies, and community issues from an array of individuals, groups and institutions. They could easily be "mined" to the benefit of those interested. These submissions have been analyzed by McDermott & Associates Consulting Inc. and the summary is attached to this report (see Appendix E).

A word about the report

The title of the report captures a strong theme found in the previous reviews and reports, the written submissions and the interviews; that is, that it is high time to take action and that there has been enough talk and more than enough analysis of problems. There is instead a universal desire for changes that will develop more effective services, healthier citizens and stronger communities. The relative brevity of the report reflects this emphasis on action. The report is loosely organized around the structure of the Terms of Reference, recognizing that the five objectives do not stand on their own and are part of a whole. In fulfilment of the Terms of Reference, then, we make the following comments.

Objective # 1

Completion of an analysis of existing documents related to mental health undertaken in Nova Scotia and in other jurisdictions.

DoH staff collected some 36 reports on mental health completed in the last decade. This list, although comprehensive, may not be inclusive since some of the reports are limited to particular items affecting only one region. An analysis of these reports was completed by McDermott & Associates Consulting Inc. (see Appendix F). A key document was produced in 1992, "A Vision for the Future", which initiated a shift in the provision of mental health care with the direction of having the consumer as the centre of the system, being community focussed, enhancing mental health promotion, strengthening research and evaluation, and better coordination of care and service delivery. These themes are found in many of the previous reports and were very much incorporated into the "Guiding Principles" in the Terms of Reference for the present review. The analysis concluded that the major issues raised by the stakeholders concerning the delivery of mental health services in Nova Scotia centered around:

- the need for increased consumer participation in the decision making process, planning, evaluation and delivery of mental health care;
- the provision of a full-range of mental health services and supports in the community, especially the provision of appropriate housing;
- better communication and co-ordination of services between government departments, mental health providers, community agencies, and consumers;
- the need for additional funding to provide the necessary community resources to allow mental health consumers to be fully integrated into the community and to provide continuity of care; and
- the need for recruitment and retention of mental health care professionals, especially psychiatrists.

Objective #2

Review the adequacy of Mental Health Services & Standards from the perspective of all stakeholders.

Six core programs have been determined previously and are listed in the document "Mental Health Regional Core Programs", DoH, January 2000. These are:

- Mental Health Promotion, Advocacy, Education and Prevention;
- Adult Inpatient Program;
- Adult Outpatient and Outreach Mental Health Program;
- Child and Youth Mental Health Program;
- Community Mental Health Supports for Adults; and
- Speciality Programs.

In our opinion, all of the programs are present in all regions, with the possible exception of some programs which might be designated as speciality programs. However, they are not all present to the same degree, extent or volume. Nor does their mere presence indicate that the services are provided at an adequate volume level. Indeed, there was a strong consensus by all stakeholders that mental health services did not have adequate resources or staffing and that this resulted both in long wait times and restrictive access (generally to those with diagnosable mental illness). Mental health staff as well as consumer and community groups often indicated that they were "stretched thin". These comments are not a reflection on the quality of services. We were impressed with the enthusiasm, commitment and quality of services provided throughout the province by both the formal and "informal" components of the mental health system. The following reviews each of the core programs.

1. Mental Health Promotion, Advocacy, Education and Prevention

From almost every group with which we met, the issue of adequacy of public information was raised. This falls into a number of broad categories such as information about specific diseases, information about particular programs and their accessibility and public information and activities which would minimize stigmatization of the mentally ill. Stigmatization is seen as a major issue in most areas of Nova Scotia (not excluding health care centres) to a greater extent then it is seen in many provinces. The World Health Organization and the World Psychiatric Association have developed an anti-stigma program which was piloted in Calgary during the last three years and met with considerable success. Many of its elements have been adopted for world wide use.

Recommendation: *That the DoH support the production, distribution and dissemination of leaflets and brochures about mental illnesses and about services which are available.*

Recommendation: *That each district develop a series of public presentations and forums on mental illness with the objective of making information more widely available and decreasing stigma. This should be coordinated to reduce needless repetition and to share strengths and resources.*

Recommendation: *That the DoH in collaboration with the districts consider implementing parts of the World Psychiatric Association/World Health Organization Anti-Stigma Campaign.*

Other Programs for promotion and prevention

Mental health services throughout the province vary considerably in their focus on promotion and prevention. Most recognize that they have a role in this regard but feel that they have neither sufficient time nor expertise. The majority of mental health promotion activities being offered by mental health services lack focus and are merely reactive responses to community requests

(typically for information). Public Health Services in Nova Scotia operates a wide variety of programs which, if not aimed directly at improving mental health and preventing mental illness, certainly have an impact in that area. This includes areas such as maternal and child health enhancement activities and the development of youth initiatives (as mentioned under Youth Health Centres), childhood immunization program, folic supplement programs for women of child bearing age, programs to reduce the rate of teenage pregnancy, and programs which try to ensure the well being of single teenage mothers. The integration of health into schools is well developed in some parts of the province but less so in others and similar comments would apply to the availability of counselling and psycho-educational assessment services within the educational system.

Recommendation: *That the DoH work with the Department of Education to ensure comparable access to guidance, counselling and assessment services in the school systems across the province. Schools should be viewed as venues for laying the foundation for a healthy future.*

Recommendation: *That Public Health Services ensure that mental health programs are fully aware of the prevention/promotion aspects at the district level in which Public Health is engaged and the importance of these for mental health and that the two organizations consider ways to work together in order to better disseminate information about mental illness, promote healthy communities and determine strategies for stigma reduction.*

Recommendation: *That the role of mental health services in promotion and prevention be targeted and coordinated. Approaches to health promotion should be on a continuum ranging from the provision of information to collaboration with "partners" and community development initiatives recognizing population mental health determinants. Health promotion efforts must be culturally sensitive and build on the assets of communities and individuals.*

2. Adult Inpatient Program

Nova Scotia has been particularly successful in developing small inpatient psychiatric units widely distributed around the province; this means that there is generally good access to inpatient services. There were complaints about travel times and lack of transportation but these infrastructure problems are relative and access to services seems to be at least as good as in any other province in Canada and probably better than most.

Where such inpatient units exist, they are strongly supported by professionals, consumers and community agencies. Some of the units have low occupancy rates and this utilization may need some review. Family physician admission is seen as a problem by some and as an asset by others. Only some units have this.

Recommendation: *That family physician admissions to psychiatric units be supported in rural areas. This serves the purpose of integrating family physicians into specialist care and fits well with the principles of health care reform and shared care. Moreover, it contributes to the development of "champions" for mental health in the health care continuum. Clear admission criteria are an essential aspect of such units. Recommendations regarding family physician admission do not necessarily apply to the IWK-Grace Health Centre, the QEII Health Sciences Centre and the Nova Scotia Hospital (NSH) and may not apply to the Cape Breton Healthcare Complex.*

Recommendation: *That the psychiatrists and mental health team manage the clinical inpatient programs, ensure adherence to the admission criteria and review interventions and length of stay. Psychiatry consultation on all admissions should perhaps be mandatory.*

Despite the concerns expressed about bed use in some locations, annual admission rates per thousand population are below national averages.

Bed Statistics 1998-99 Based on Separations, all lengths of stay			
	Admissions/1000 population per year	Beds per100,000	Average Length of Stay(days)
Western Region	3.1	23	15.1
Northern Region	4.2	13	8.9
Eastern Region	6.5	32	14.4
Central Region	4.2	26	18.8
Canada wide	6.5		16-17 (for general Hospital Psych Units)
Ontario targets (excluding mental hospitals)		18	
Edmonton (acute beds including mental hospitals)	4.8	18.5	16-17

Although Eastern Region slightly exceeds this, the others are considerably below. It should also be mentioned that there is very little "export" of patients to the Central Region facilities from the other regions; that is to say, the latter have been operating quite independently. In our opinion to rob the regions or districts of the level of autonomy which they have successfully achieved may be a small short term saving but would be contrary to the principles of primary health care reform/shared care/local autonomy.

Recommendation: *That the current inpatient units be maintained.*

Efficiency and effectiveness in some locations could be improved by better integration of the inpatient and outpatient/community components of the mental health team. This could lead to improved inpatient programs and smoother, better planned transitions to and from hospital, with fewer patients "falling between the cracks".

Recommendation: *That a better integration of inpatient and outpatient programs be achieved with staff crossovers to facilitate the development of multi-skilled staff and the transition of patients from one program to another.*

Another opportunity for economies would be to review the inpatient programs of Addictions Services and mental health programs and consider combining these in a single physical location such as an under utilized mental health inpatient unit. We found no convincing reason why the addictions and mental health programs retain distinctly separate identities when their client problems frequently overlap and, moreover, when individual program autonomy frequently leads to fragmented services being delivered to the consumer.

Recommendation: *That steps be taken to ensure better integration of the addictions program with the mental health program.*

Patients with Severe, Persistent Mental Illness (SPMI) requiring longer term hospitalization

A number of staff and consumer organizations indicated that despite advances in medications and the development of community support programs, there continues to be a need for the option of long term hospitalization. In the past, the NSH played a key role in this regard. The general impression, now, however, throughout the province is that the NSH no longer accepts this category of patients; that is, that requests for admissions are usually denied or patients are put on such a long waiting list that it becomes irrelevant.

A visit to the NSH, Mount Hope Centre revealed that this building accommodates about 47 patients who have chronic psychiatric conditions which are resistant to treatment and who need continued hospitalization. Many of these do recycle between the community and the hospital. The staff of the Mount Hope Centre indicated that although they do accept patients from other

parts of the province, they have difficulty in making housing arrangements for patients who are ready to be discharged and that this blocks the program. The Mount Hope Centre has an additional 20 plus patients who would be classified as having both a mental disorder and severe developmental delay, with most of these being long stay patients. Finding alternative placements for these inpatients, represents a significant challenge. The NSH also operates an assertive community treatment program, a Clubhouse and supportive employment programs for those with SPMI living in the community.

A second program which serves those requiring longer term hospitalization is the Beacon Program in Waterville, Kings County. This is a DoH program, operating within a Department of Community Services (DoCS) facility, which provides inpatient services that can accommodate up to 10 patients (in addition to community support for approximately 40 clients). Participants in the Beacon Program come from all over the province. The Beacon staff have been trained in psychiatric rehabilitation techniques drawing on a combination of several largely American models which are accepted as good practice. They offer rehabilitive support services for the rest of the province both by making themselves available to visit patients in their home communities and by providing education and consultation to local mental health providers.

We heard of problems occurring in some locations such as the Cape Breton Healthcare Complex in which there are a small number of patients, perhaps 4 or 5 in number, with chronic psychiatric conditions who need some form of institutional facility to care for them. They have been in the Cape Breton Healthcare Complex for several years on an acute psychiatry unit. This would not seem to be the most suitable placement being both expensive and lacking in the rehabilitive and community oriented programming required by such individuals.

Recommendation: *That the availability of heavily supported small housing options for a limited number of patients be developed by each District Health Authority (DISTRICT HEALTH AUTHORITIES) to support and rehabilitate, in so far as it is possible, this group of patients (such as those in the Cape Breton Healthcare Complex). Such a heavily supported community housing option should offer advantages in both programming and cost over maintenance in an acute care hospital.*

Recommendation: *That the long term inpatient care programs currently operated for psychiatric patients, namely at the Mount Hope Centre and the Beacon Program, be maintained until the option recommended above is in operation and its effectiveness can be more fully determined.*

Recommendation: *That rehabilitation skills in working with patients with SPMI, in conjunction with assertive community treatment case management, be developed in each district by the mental health program rather than relying on centralized programs.*

3. Adult Outpatient and Outreach Mental Health Program

Nova Scotia has a long history of community mental health centres and, indeed, was a pioneer in this regard. Criticisms were heard, nonetheless, regarding long wait times, a restrictive focus on those with mental illness, lack of access for those with "social" problems (such as marital dysfunction, bereavement and histories of violence and/or victimization), less than optimum collaboration with agencies serving those with other disorders (such as addictions, mental handicap, brain injury and sensory impairment), poor coordination and collaboration with family physicians and other health care providers, and less than desirable arrangements for emergency and crisis-oriented services. We recognize that many of these issues have arisen out of the need to balance the "supply and demand" of staff resources in order to provide relative timely access to those with mental illness. Mental health services cannot meet the demand for services; they cannot be "all things to all people". Yet, there remains a strong conviction by many outside of mental health services that someone should be providing a range of mental health interventions and that the public system is most qualified to do so. Moreover, many make the argument that attending to "non-diagnosable"social problems serves to act as a form of prevention of more serious mental health problems.

Recommendation: *That access for those in crisis and/or acute psychological distress be addressed. Each program should review the appropriateness of their arrangements in this regard, including attention to place (Emergency Departments, outpatient mental health clinics), staffing (family physicians, emergency physicians, mental health staff), hours of availability ("banking hours" or longer), methods (phone lines, mobile units), and links with mental health services and other agencies and community groups.*

Recommendation: *That the advantages of greater communication and collaboration with other departments, agencies and groups as well as the efficiencies of group treatment, psycho-education, indirect service, consultation, and working in community settings be explored.*

4. Child and Youth Mental Health Program

Problems with children's services were heard in every region. In particular, there appeared to be difficulties in developing effective working relationships between the DoCS and mental health services. On one hand, the DoCS is mandated by legislation to ensure treatment services are provided where a need is identified for a child in care. On the other hand, the Family and Children's Services Act does not mandate DoCS staff to provide such treatment. The DoCS thus turns to mental health services for the assessment and treatment of children who appear to have a mental disorder. There is considerable discrepancy between the expectation of the DoCS for mental health assistance (especially its timeliness) for these children and the mental health program's ability to provide services and, in many instances, whether it is appropriate for a mental health program to do so. Although practices appear to vary across the province, mental health services often does not perceive these children and youth as appropriate for them to

manage and does not support its limited resources being used in this way. Mental health services would tend to view the majority of these children and youth as having behavioural disturbances (as the primary if not the only difficulty) but not necessarily psychiatric disorders (or, at least, not disorders for which the DoH has responsibility). The DoCS has indicated, therefore, that, in many instances, it is using private resources for treatment and has questions about the quality of some of the work for which it is paying. In addition, DoCS is paying large amounts for out-of-province residential care.

It should be mentioned, nonetheless, that there are some examples in the province where the DoCS and the DoH have worked together to develop cooperative programs. For example, the IWK has an assessment clinic with core funding from the DoH and from which the DoCS purchases assessments on a case by case basis. Moreover, we met with some intersectoral committees that spoke quite positively about the benefits of their work together on behalf of children and youth.

Recommendation: *That cooperative programs and working groups (between DoH, DoCS, and Department of Justice) should be investigated further to determine their potential for wider application.*

Mental health services' apparent mandate for children seems to be to do the best possible with the resources available. This had led to decisions about types of services to be provided, and the use of sometimes inappropriate 'diagnostic barriers' to restrict access. There is a perception by some, for example, that mental health services have a preference to treat children with only certain sorts of mental health disorders (such as mood disorders or psychoses) and to avoid treating children in crisis requiring immediate stabilization, children with severe and persistent dysfunctions, and those requiring medium to long term rehabilitation in residentially based programs. Mental health service do not have the resources available to provide additional services, regardless of need, and the above introduces a form of 'rationing'. On the other hand, every child in Nova Scotia has access to the services which mental health services are able to provide.

Obviously, mental health needs as perceived by DoCS are not being met. It is assumed that DoCS only has responsibility for children in care. For those children it can provide or pay for a much wider array of services than those available to other children through mental health services. Thus, a situation rife with both contention and inequity has been created.

While there is a belief in mental health services that some of the children and youth with behavioural problems for which DoCS seeks intervention do not have a psychiatric diagnosis, this may be strictly inaccurate. Many, in fact, may have relatively severe and/or persistent mental health problems (such as autism, Asberger's, pervasive developmental disorders, conduct disorder and attention deficit hyperactivity disorder). However, it should be noted that these are usually highly complex problems involving social, family, behavioural and some mental health

components. It is not appropriate, therefore, that these children simply be transferred to mental health services without additional resources, especially when many of the services needed are social services, and the expertise of both departments is required. In the end, it would be overly simplistic to dictate that either the DoCS or the DoH assume responsibility for children with mental disorders who also have severely challenging behaviour. Neither can abdicate responsibility and neither can provide what is needed without the other.

Recommendation: *That the DoCS and DoH clarify the responsibility for children with mental health problems, and jointly develop programming that ensures equal access to care and treatment for children regardless of status with DoCS.*

The "age barrier" was cited everywhere as a problem. This refers to the loss of continuity of services when a particular age barrier is passed (as adolescents pass into adulthood). The transfer between services is frequently less than adequately handled, leading to these adolescents, often in need of comprehensive services, "falling between the cracks".

Recommendation: *That age as a determinant of access be regarded more flexibly, and the appropriateness of a program for the individual be considered more strongly (independent of whether it is a program for adolescents or adults).*

The DoCS has the mandate to provide treatment services to children provided they are wards of the province. We were told that this leads to a substantial number of children being placed into protective care merely so that they can receive appropriate treatment paid for by the DoCS. It is not a good system which forces children into custodial care who are not really in need of such protection, but only so that they can obtain a funded treatment service.

Recommendation: *That arrangements between the Departments of Community Services and Health be reached such that children do not have to be placed in care to receive treatment services. Arrangements should be made such that these services can be purchased through the DoH's mental health services, thus allowing some standardization of the types of treatment to be provided. Mental health programs, on the other hand, must have some assurance of continuity of funding before hiring staff to meet these needs. However, the volume is such that this should not pose a problem. A contractual arrangement or a letter of agreement may be suitable to ensure that the conditions are understood by all parties.*

It was expressed by some that the priority for children in some regions was not high within mental health services and that children were not getting an appropriate share of the services or budget.

Recommendation: *The DoH review the allocation of mental health funding within the new districts, for the proportion which is allocated to provide services to children, to ensure that this is reasonably equitable between districts and with other parts of the mental health program. Allocation of funds needs to take into account the usually greater need to collaborate with other "systems" when working with families as well as the greater potential for early identification and prevention strategies.*

Youth Health Centres are an initiative developed at a number of locations across the province with several different models. Many of these have been developed by School Boards. Others were developed by Community Health Boards and Public Health Services, often with some Mental Health and Community Services involvement. These programs received universal praise.

Recommendation: *Youth Health Centres be encouraged as an effective model for collaboration in the delivery of services for youth. Evaluation mechanisms should be built in to allow for comparison of the various models now being piloted.*

Child and Youth Action Committee (CAYAC)

This inter-departmental committee was begun informally in 1995 because of concerns about gaps and the need for better coordination. CAYAC has had a strong investment in the implementation of the report on children's service entitled "A New Step Forward" and has the mandate to implement the report through a process of inter-departmental coordination. It seems that the support for CAYAC, from the various Departments involved, has been variable and inconsistent with greater commitment from some than from others. This being the case, there has been criticism of CAYAC that it has the right idea but has not been able to achieve much. Indeed, the members of the committee itself have sometimes felt hampered in their efforts to effect change. It was also noted by those involved with services for children and youth, but not involved with CAYAC, that there was little opportunity for engagement with researchers, the medical community or with other providers. Such opportunities would serve to increase the effectiveness of CAYAC.

Recommendation: *(a) That "A New Step Forward" be accepted as the primary document for the development of Children's and Youth Mental Health Services; (b) that the activities of CAYAC be supported and reinforced by the departments involved; (c) that CAYAC should produce a work plan with dates which all departments accept and adhere to; (d) that CAYAC should then be evaluated as to its ability to achieve its accepted goals; (e) that, although this is an inter-departmental committee, one of the departments should accept the responsibility for providing the necessary support services; and (f) that CAYAC should establish better connections with those in the research community and those providing services to children and adolescents.*

5. Community Mental Health Supports for Adults

Deficiencies in supports for those with SPMI were detected across of the province. These include gaps in the Housing Program for those who are disabled, lack of clarity regarding access to supportive programs offered by Home Care, the frequent lack of an Assertive Community Treatment Program using adequate case management techniques (these are programs which are advocated in the "Best Practices" documents) and deficiencies or lack of vocational and recreational programs.

Employment: Problems were noted with the income support programs for these patients when they feel able to engage in work capacity. Consumers frequently mentioned that there was little flexibility to encourage those who would like to attempt to return to work and yet are uncertain of their ability to do so. They fear that they may be discontinued from the income support programs and that their finances may be docked as soon as they earn a small amount of money. This also relates to fears that earnings will lead to a loss of drug benefits, leaving people who try to work, being worse off than if they had not tried.

Recommendation: *That income support programs encourage return to work and disincentives are reduced or eliminated.*

Housing: Housing Programs need special mention. There is no program for supported housing for those with SPMI. Indeed, there would appear to be a general scarcity of housing along the continuum of residential and community options. The DoCS funds (directly or indirectly) various types of housing but does not have a clearly defined program for this client group. We do not have any documentation to suggest how many such places would be needed but experience elsewhere would suggest there should be at least several hundred places in the Capital District with much smaller numbers in the other regions. Such housing is considered an essential part of any comprehensive mental health program dealing with this particular patient group. Best practices in mental health care have included a shift in resources and emphasis to supportive housing rather than community residential housing. Many consumers have indicated their difficulties in being able to afford appropriate housing. Moreover, in order to qualify for funding from the DoCS, they must go through a mandatory classification process to determine their eligibility for placement in a licensed facility. We heard consistent criticisms of the current classification system as being extremely cumbersome and antiquated. Patients awaiting placement for prolonged periods remain in acute units to the mutual disadvantage of both themselves and the health care facility. We were told of some instances where patients were placed under "adult protection" in order to ensure that suitable accommodation would be provided by the DoCS even though this would not have been done otherwise (this parallels comparable arrangements for children and adolescents). Given the implications of such orders for the freedom of the individual, this is not a practice to be encouraged.

Recommendation: *That a housing program for adults with SPMI be a required element of this core program. It would help to meet the needs of this patient group and also to facilitate discharge from acute care facilities in a timely fashion. There also needs to be adequate clinical and social programming for patients in such housing, using assertive community treatment programs, outreach programs, case management and other standard forms of care for this group in the community (which constitute Best Practices).*

Recommendation: *That the DoH assume responsibility for the housing needs of this special patient population group unless there is another adequate administrative alternative which can be devised.*

Recommendation: *That districts develop or enhance community programs supporting the SPMI clients in community housing. Such programs should include Assertive Community Treatment, case management, and vocational and recreational programs.*

Recommendation: *That the classification system be revised in order to make it reflective of current standards of mental health care and responsive to the housing needs of consumers.*

The question was raised by several consumers and consumer groups in different parts of the province about access to the subsidized housing pool available for seniors, which we understand is currently under utilized with a high vacancy rate. We were told that there have been recent changes in the administration of this program and DoCS officials assured us that access to this type of housing will be extended to those with SPMI.

Recommendation: *That access of those with SPMI to this form of (seniors) subsidized housing be negotiated by the DoH.*

Recommendation: *That housing for the adult mentally ill have a set of standards developed with appropriate licensing procedures, funding mechanisms and evaluation mechanisms. The development of standards should be at the DoH level with the implementation at the district level.*

Long-term care placements: The placement of patients who are in acute care into the long-term care facilities (that is nursing-home type of accommodation, not specific psychiatric placements) appears to be problematic. We were told that patients may wait months in an acute care facility while the system of classification and placement (which seems to defy comprehension) is applied. Any change in medication regimes during the waiting period results in reclassification and the return to the commencement of the whole process over again.

Recommendation: *That the long-term care facilities be required to meet the needs of acute care for placements within an acceptable period of time, such as 72 hours, and that the classification system be revised to be clear and comprehensible.*

Recommendation: *That individual operators of such long-term care facilities be required to accept patients classified as suitable and not exercise idiosyncratic "pick and choose" criteria of their own.*

New Antipsychotic Medications: Consumers and psychiatrists frequently mentioned difficulties in accessing new antipsychotic medications paid for through any applicable insurance programs. It seems that for those who are on social assistance or the family assistance program, medications are covered. The working poor (those on a "borderline" income) may be eligible for pharmacare benefits through the DoCS if they are taking expensive medications. There is also a provision within regional mental health program budgets to pay for medications for a number of patients. This is, however, taken out of the regional mental health budget and there may be pressure on psychiatrists not to use the more expensive medications because of its impact on budgeting. The complexity of the rules surrounding this issue at least partly explains why it is difficult for both providers and consumers to understand what is and is not covered and to act accordingly.

Recommendation: *That a clear policy on access to the newer more expensive antipsychotic medications be developed and that information on the program be made widely available to both consumers and providers. The Dalhousie University Department of Psychiatry should probably be consulted on what is Best Practices in this area and what would be suitable rules to have in place governing accessibility. Also involved in such a consultation should be a number of the rural psychiatrists who manage patients under differing circumstances.*

Recommendation: *That consideration be given to the subsidizing of these medications. Given that access to the latter greatly reduces expensive inpatient hospitalization and significantly improves quality of life for consumers and their families, it would appear to be money well spent.*

6. Specialty Programs

(i) Seniors Program:

This is not well developed in any region although efforts are being made particularly in Central Region. Some of the regions are offering some services whether or not they designate this as a separate program. Consultation services are increasingly important as acuity levels increase in nursing homes and other placement options.

Recommendation: *That multi-disciplinary geriatric psychiatry and seniors mental health services at the district level be developed. Assessment teams need to be made available to Long Term Care which is experiencing problems in obtaining adequate psychiatric opinions, consultation and involvement. This is clearly a "growth area" and must be planned for accordingly.*

(ii) Eating Disorders:

Until four years ago the QEII Health Sciences Centre used to have a special Eating Disorders Program for inpatients but the latter are now integrated into a general psychiatry unit. The QEII has outpatient and day programs (composed of treatment groups and supervised eating experiences). Approximately 10 to 15% of their patients are from outside the Central Region. Similar services (apart from a day program) are also available in the Cape Breton Healthcare Complex. Both have developed some community involvements. Although all regions have access to expertise at the outpatient level, there is a need for the districts to have access to centralized services for (1) standard management protocols (2) consultation and (3) inpatient care for the most severe cases. This is an area where patients are becoming progressively younger and often presenting in early to mid teens whereas some years ago the usual presentation was 10 to 15 years older than this. This needs to be a service which can straddle the transition age from adolescence to adulthood. It would not seem to be a good financial move to develop separate programs for these adolescents and adults but rather to have a single program. The management of eating disorders requires a full continuum of services ranging from tertiary inpatient care to outpatient treatment, health promotion and prevention.

Recommendation: *That provincial resources for an eating disorders program be established as this is likely to be a growth area over the next several years (some inpatients have already been treated out of province). Probably the QEII would be the location of preference to develop or redevelop an inpatient program (probably not more than 4 beds) to serve the provincial needs. This would need to be associated with their day program (with hostel arrangements) since the treatment of eating disorders tends to be over a fairly extensive period of time.*

(iii) Medical Consultation/Liaison:

Particularly in the rural areas, mental health services are perceived by other health care providers as working in isolation, with little opportunity for assisting people with health problems from a whole-person perspective. Moreover, even within the Provincial Health Care Centres in the metro area, access to the full range of mental health disciplines is seen as quite limited. Such isolation perpetuates stigmatization of those who have mental health problems while denying access to those with physical disorders (for example, those with heart disease, chronic pain, diabetes, and gastro-intestinal disorders) to treatment avenues which have been shown to reduce dependency on more expensive interventions and to facilitate self-management, quality of life and positive lifestyle change.

Recommendation: *That mental health services establish joint programming with health care providers who are either more involved in physical medicine or who are responsible for the whole person (such as family physicians). Such programming would focus on what consumers need rather than on who should do it.*

(iv) Forensic Services:

The Provincial Forensic Psychiatric Service (PFPS) has as its primary mandate the maintenance of public safety while balancing the rehabilitation needs of its clients. This is the only program which is considered to be a truly provincial program (the IWK Child Psychiatry Program is also perceived in this way but to a lesser extent). Inpatient forensic services are currently located in the NSH. Forensic patients include those remanded for the purposes of examination by the court, those who have been found not criminally responsible (NCR; to be reviewed by the Board of Review under the Criminal Code) those found unfit to stand trial and those among the jail population who are considered to be in need of psychiatric treatment. In addition to a general psychiatry background, forensic services demands special expertise and knowledge of various functions of the legal system. At present, the primary services offered by the PFPS are inpatient treatment and assessment, with a relatively small community support program (for clients found to be NCR).

This service offers consultation and support to regional mental health services who are encouraged to provide follow-up mental health care for those found NCR and now living in the community.

The Provincial Sex Offender Program is coordinated by the PFPS and offered by mental health services in each of the regions in partnership with the Department of Justice (DoJ) with assistance from Correctional Services Canada (primarily for male sex offenders). The PFPS provides the treatment for the outpatient sex offender program in the Central Region. The sex offender program provides services to offenders who are currently living in the community, the majority either on probation or parole.

Problems at present include the combination of a population mix of remand and mentally ill consumers, overcrowding, the resultant out-of-province location of a number of NCR patients at the Philippe Pinel Institute in Montreal at considerable expense and the judiciary acting in an inconsistent manner, particularly with regard to remands. It seems that some warrants for remand may be issued allowing the examination to take place in either a correctional facility or the NSH, whereas others are issued to the latter only. Moreover, some remands are issued for a specified time period regardless of the fact that this bears no relationship to the time required to complete the examination (and the courts may then refuse to take these patients back prior to the expiry of the remand) while others allow for the patients to return to court as soon as the examination has been completed.

Recommendation: *That the DoH work with the DoJ and the Chief Provincial Judge to facilitate judicial consistency regarding remands utilizing clearly defined protocol and criteria .*

The forensic service is to be relocated to a new building associated with a provincial correctional facility but will be administered by the DoH. This will increase the beds and allow repatriation for those currently at Pinel. Other recent changes include a greater emphasis on client-centered and rehabilitive approaches to care.

At present, the forensic inpatient service does not provide mental health services for incarcerated individuals in the Justice or Corrections system. This will be a new and expanded service for Forensics in the new facility. The co-location will also provide opportunities for the provision of other health services such as primary care and addictions services.

The governance of provincial programs presents unique challenges within a district structure. There is some concern, for example, that the resources of such a program might be largely directed to meeting the needs of the district in which it is primarily located. Indeed, as discussed later in the report, this concern is not without substance. The Forensic Service is a part of the NSH which is itself a member of the Central Region Mental Health partnership, the intention of which, in part, is greater integration with the Central Region (under the new structure, the Capital District).

Recommendation: *That the DoH establish a provincial steering committee composed of key stakeholders for the forensic service which would serve to advise the Capital District Health Authority in this regard. The Administrative Director of the forensic service would report directly to the CEO of the Capital District Health Authority.*

There is little provision for forensic outpatient or community treatment programs throughout the province. Apart from the regional sex offender programs, there are no services for those on probation. The forensic patient is being offered little in terms of prevention. There appear to be particular gaps in services for female sex offenders and youth offenders. There are thus significant gaps in thå continuum of forensic services.

Recommendation: *That the DoH address the need for forensic outpatient and community services. These should operate as a provincial program but be co-located with the district mental health programs.*

Rural and urban differences

Access to services in rural areas did not appear to be significantly less than in urban areas (keeping in mind that some areas of the province are relatively remote). Similar complaints were heard throughout the province regarding lack of access, with perhaps the primary difference being the lack of alternatives apart from the public system for those living in rural areas.

Some comments were made in this regard concerning training in that some staff indicated that newly trained mental health providers did not appear to have received a solid foundation in working in rural settings requiring a generalist approach. This issue may have relevance for recruitment and retention; that is, people training in rural settings may be more likely to select the latter for eventual places of work.

A bursary system has been used in psychiatry to attract new psychiatrists to various positions in the province, particularly outside the metro area. It does not appear to have been particularly effective.

Recommendation: *That training facilities (universities and internship settings) place particular emphasis on issues involved in working in rural settings and strive, where possible, to locate training experiences in such settings.*

Recommendation: *That the effectiveness of the bursary system be specifically reviewed to determine how it might be made more effective as one aspect of a psychiatric human resource plan.*

Objective #3

Recommend a structure for Mental Health Service Delivery in the context of Nova Scotia's Transition Plan to District Health Authorities that will facilitate integration of mental health services, at the rural and urban community level.

Governance: It is a given that health care will be delivered under the auspices of DHAs. There should be a mental health program in every district with depth and complexity varying by size of population and perceived local needs. All core programs should be available, either present in each district or access provided through arrangements for "cross district" services which have historically existed or are otherwise desirable. These arrangements should be formalized by contracts or agreements with funding transfers where appropriate. This is intended to avoid any service disruption during the transition period and to ensure availability. The DHAs should have clear responsibility for community care and services as well as inpatient and acute care responsibilities. None of these should be neglected at the expense of the other.

Recommendation: *That mental health programs should be developed in each district providing access to core programs as indicated above.*

Recommendation: *That administrative structures for mental health programs should resemble those developed for other aspects of the health care system; each district should have a mental health administrator.*

The question of a commission to run, organize and otherwise manage mental health services throughout the province was a heated topic of discussion in many of the presentations that we received, with a number of prominent voices being supportive of this concept. Others were, however, of the opinion that the establishment of a commission would segregate mental health from the rest of health care and be seen as an obstacle to primary health care reform as well as the implementation of shared care principles. The points made in advocating for a commission should not be ignored. These included a perceived need for strong leadership and direction for the mental health program, a need to develop standards, protocols and definitions for core programs and a need for both protection and advocacy of the program.

Recommendation: *That the establishment of a separate commission not be supported. However, we would emphasize that we reached this conclusion only after careful consideration and we strongly support those functions which the advocates of a commission presented as its advantages.*

Catchment Districts: It was brought to our attention that mental health programs have tended to deny services to Nova Scotia residents who happened to live outside the region or catchment area in which they were seeking services.

Recommendation: *That Nova Scotians can access services within Nova Scotia where they choose rather than being restricted by where they reside. If this becomes problematic in particular areas or with particular programs because of a program inadequacy, a geographic problem or historical flows of consumers, then it may be necessary to negotiate some transfer of funding.*

Funding: Funding for mental health through the DoH is clearly inequitable on a per capita basis. However, the DoCS also funds a significant number of programs which might be classed as mental health, particularly in the areas of housing and of services for children (residential, out of province and private services for assessment and interventions). We have no information about regional per capita expenditure by the DoCS. Thus, it is difficult to estimate the true level of equity.

Recommendation: *That the DoH move in the direction of more equality in per capita funding for mental health services. We recognize, however, that regional disparities will and should continue with Central Region receiving higher per capita funding for the foreseeable future because of the location of facilities, the tertiary level services that are available and, perhaps most significant, the historical drift of those with SPMI into the metro area over many years, who now require extensive supportive services.*

Our impression is that the regions, far from using resources ineffectively or inefficiently all have a good sense of what they need to do and, in the context of local conditions, how best to meet the needs. We found no evidence of frivolous or irrelevant programs and instead found a deep concern at all levels to deliver the best services possible with the resources available. There is a strong perception that overall funding for mental health services is inadequate.

Recommendation: *That funding reflect the research evidence as to the prevalence of mental health problems, its economic and social impacts, and the availability of cost-effective interventions to reduce morbidity.*

In most locations, staff and administration are working well with consumers and community agencies to develop or modify programs in a locally responsive manner. Consumer groups include organizations such as the Canadian Mental Health Association (CMHA) and the Schizophrenia Society. Staff and consumers share frustrations at the apparent lack of funding for such community programs.

Recommendation: *That part of the mental health budget for each district be designated to support community programs and initiatives. This will require the development of a provincial program, with standards and procedures for applications, requests for proposals, review procedures and evaluation. There must also be a recognition that when an agency is funded, that funding must be secure to the extent that adequate notice be given of any changes or discontinuation of funding. Within the provincial program framework, implementation should be by each district. Obviously, consumers should be involved in the development of this program as a provincial program and also in its implementation. Attention needs to be given both to the funding of provincial wings of consumer groups as well as those found within districts (the Schizophrenia Society and CMHA would be examples of organizations having both tiers).*

Non-portability: Mental health has had, to this time, a "non-portable" budget which is a form of protection which many consider essential to forestall "predators" from more glamorous sectors of the health care system. However, the protection is seen by others not only as discriminatory and stigmatizing but as a "ceiling" which has limited growth which could have otherwise occurred.

Indeed, ironically, non-portability has produced lower levels of funding for mental health services relative to the rest of health care; despite gradual increases in absolute funding, mental health services has not kept pace with other health care sectors.

It is our understanding that each of the new DHAs will be required to prepare its budget in advance and designate proposed expenditures on its core programs which include mental health services. It is also our understanding that the DoH must approve or modify these budgets and must approve changes from the historical funding base. New funding, for example, for housing, if this were to be incorporated into the DoH, would be found in the mental health budget for each district. Other programs might be directly funded by the DoCS (e.g., some components of children's services) through the DHAs. With these steps, mental health services would be seen to be better integrated with the overall delivery of health care.

Mental health should derive a certain amount of security in the fact that two thirds of the membership of the DHAs will be from Community Health Board (CHB) members, who, in speaking to many of them around the province, have a strong commitment to mental health programs. Thus we are reassured that, at the district level, mental health advocacy will be strong. Safeguards will be built in at both the district and the department level.

Recommendation: *That the non-portable status of mental health funding be removed. The above safeguards will need to be in place in addition to annual reviews by the DoH for the appropriateness of district budgeting and core service delivery.*

Objective #4
Review the impact on the system of the existing roles and responsibilities of key players and make recommendations of key players.

Department of Health: Much was heard during the review regarding the need for strong leadership and a clear vision. Criticisms were expressed by a number of parties about the absence of these qualities over the past number of years and that progress would only occur in mental health services once these deficiencies were addressed.

Recommendation: *That the Section of Mental Health Services of the DoH assume a more major role with clearly defined responsibilities including:*

- *designation of programs as "Core";*
- *designation of programs as "Provincial";*
- *designation of programs as "Tertiary and/or Special";*
- *development of generally broad standards for programs;*

- *review of programs on a periodic basis;*
- *review of budget submissions, particularly changes in the mental health budgets submitted by districts;*
- *development of evaluation "packages";*
- *provision of assistance and support to districts in program development;*
- *monitoring of core programs at the district level;*
- *development (in collaboration with clinicians) of skill maintenance and enhancement programs for clinical staff;*
- *development of payment systems which facilitate staff recruitment and retention.*

Most of these responsibilities could be accomplished by a limited number of provincial committees or working groups, the terms of reference of which should be clear and specific. Although committees for different purposes may require a different array of membership, in general, committees should include: providers, administrators, consumers, community organizations and Dalhousie University. The basic organization of such committees should fall to the DoH but it may or may not choose to lead various parts. In looking at the membership, it is important that all or a majority of the districts are represented in at least one of the various categories of membership. It may be necessary to consider funding for consumer and consumer organization representatives since they are being asked, under the new structure, to attend more meetings than has been the practice in the past. Expenses and an honorarium would seem to be suitable mechanisms. The Mental Health Steering Committee (which is composed of representatives from each district) may be the coordinating body of these working groups and smaller working committees. Other departments would also serve on these committees as warranted. In order to be effective, these committees require clear decision-making processes and would not, for example, function through consensus or through requirements for lengthy feedback and validation of directions. They would require rigidly adhered to goals and time frames.

Recommendation: *That if the above structure is implemented, it should be reviewed, after a period of perhaps two years, to determine if it is effective or if alternate arrangements need to be developed.*

Consumers and Family Members: There are varying levels of consumer and family involvement in mental health programs around the province with some being strongly involved in the development of consumer initiatives and others, at times, feeling peripheral to a system which they perceive as being designed for reasons other than providing health care. Consumers and family members are wary of "tokenism" while providers struggle with mechanisms for meaningful involvement. It should be noted that many consumers of mental health services have little to no interest in involvement beyond receiving short-term assessment and treatment. Nonetheless, it is clear from the number of consumers who presented during the review that there

is strong interest in consumer participation. This is particularly the case for those consumers with SPMI. Indeed the involvement of such individuals is considered to be a best practice in mental health services. There is also much evidence that consumer and family run initiatives can do much to promote wellness and overall quality of life, whether these initiatives be in the area of public education, the development of mutual support groups, professional education and economic development strategies. It is important to recognize that consumer involvement is more than a strategy or program but is a philosophy that should permeate all levels of mental health services. It is particularly important in this endeavour to pay attention to the particular needs of various cultural populations throughout the province.

Recommendation: *That local mental health services establish mechanisms to facilitate the participation and partnership of consumers and family members in the continuum of service delivery (from providing feedback on services to involvement in the delivery of services, the setting of policy and the evaluation of services and programs).*

Legislation: Of critical relevance to consumers is the impact of legislation regarding their rights and responsibilities. We understand that the DoJ has referred the matter of reform of mental health legislation to the Law Reform Commission of Nova Scotia and that a review is underway. It is imperative that "formal patients", in particular, are well-informed of their legal rights, including the right to review their detention. Access to legal services appears to be problematic at times. There also appears to be wide variability in the degree of freedom granted to inpatients under civil commitment. Furthermore, there does not appear to be a consistent "complaints" mechanism for consumers throughout the province.

Recommendation: *That the DoH ensure the review of legislation relevant to mental health; the review should include input from providers, consumers and their families.*

Recommendation: *That the DoH ensure that consistent provincial standards are developed and monitored in the use of mechanisms for consumer feedback and complaints, and in the provision of information to consumers as to their rights, their level of freedom under civil commitment, and their access to legal counsel.*

Non-Governmental Organizations: Consumer organizations and community-based social and counselling agencies are an essential component of the continuum of mental health services. Their members and staff are increasingly called upon both to serve on intersectoral committees and as community resources for consumers. They often feel stretched quite thin and indicate that they are not acknowledged as partners in health care.

Recommendation: *That mental health services at the district level engage these organizations in working with them to improve the lives of consumers; progress in this regard will often rely on effective partnering rather than working in isolation.*

Community Health Boards: As noted previously, we were particularly impressed by the interest and enthusiasm of CHB members around mental health services. It is recognized that there has been uneven development of CHBs in the province and that, even where they have been established, there is variability in understanding and commitment to the provision of Mental Health programs. Nonetheless, there are many positive signs that CHB members will be strong advocates and natural allies.

Recommendation: *That mental health services at the district level establish strong ties with the CHBs in their area, through the provision of information on mental health issues and the establishment of mechanisms for input from CHBs regarding the needs of their communities. CHB input regarding direction and governance will be established by their predominant role in the DHAs.*

Family Physicians and other mental health providers: As an important component of health care reform, avenues are being explored to strengthen both primary care and community-based care in Nova Scotia. Available documents define primary care as "the individual's or family's initial and continuing contact with the health care system" including such services as "health promotion and disease prevention, acute episodic care, continuing care of chronic conditions, education and advocacy". As such, family physicians play a key role in the provision of primary care as well as in connecting consumers with secondary and tertiary levels of care. A great deal of primary mental health care is provided by family physicians.

A related but distinct concept is that of community-based health care defined as "services based in the community to support individuals and families as close to home as possible" and including, in addition to primary care, services such as mental health, home care, addictions services, public health, and others (all of which provide mental health care as part of their contact with consumers). Some mental health consumers (particularly those with SPMI) enjoy primary care relationships with mental health outpatient and community support staff. Moreover, some outpatient mental health settings in the province utilize self-referral while others require physician referral (making them more "secondary" in nature). Consumers generally report that the requirement of physician referral is a barrier to access. The research literature does not support the effectiveness of this practice as a screening tool.

Family physicians in rural areas generally have less access to specialized psychiatric services than those in urban areas. It is thus particularly important for rural family physicians to have good access to programs to support their learning needs in order to strengthen their ability to care for mental health consumers. Working closely with local multidisciplinary mental health teams is

especially important; "shared care" exists whether it is recognized as such or given that designation.

Recommendation: *That mental health staff create communication mechanisms and coordinate services with those being provided by primary care physicians as well as those provided by other community- based services.*

Recommendation: *That community-based outpatient mental health services encourage access to services through the use of self-referral. It is recognized that physician payment systems may not make this desirable for all members of the mental health team. It would not be expected that tertiary level centres would utilize self-referral.*

Physician Payment Systems: There is a complex contract and payment system for psychiatrists in effect across Nova Scotia whereby hospitals with psychiatric units have a designated allocation of psychiatric manpower and psychiatrists are granted a guaranteed number of hours. Funding for contract positions is based on a payment schedule in which the highest rate is paid for the first 15 hours (per week) of work followed by a reduced schedule of payment for the remaining 22.5 hours of work (based on 37.5 hour work week). Psychiatrists may bill beyond a 37.5 work week if the local psychiatric complement is unfilled. Indeed, some psychiatrists are listed as being more than one full time equivalent.

The scope of activities which contract psychiatrists may carry out is quite broad and encompasses some things which are not on the MSI fee for service schedule. There is some strong feeling that the psychiatrists working in the public sector carry the majority of the clinical burden (especially for being on call and dealing with emergencies) and that in contrast, the "private practice" psychiatrists (albeit publicly funded) who make their income through billing fee for service through MSI (and usually have private offices) generally do not participate in hospitals or carry the burden of emergency call. Resentment and frustration seems to exist between these two groups although it should be noted that in the smaller communities the distinction is not nearly as clear and many psychiatrists work on both sides of the street.

The public sector psychiatry system was devised approximately a decade ago to overcome some of the difficulties associated with a fully salaried system which was failing to recruit and retain psychiatrists. Many of the psychiatrists in rural communities have been in the community for fewer than three to four years and have a list of colleagues who have come and gone mostly to Ontario, attracted by higher rates of pay and more attractive working conditions. In the city there are also complaints about this system of payment and the conditions attached to it. Many psychiatrists leave the province. Their reason for doing so should be investigated on an ongoing basis. In a number of instances, psychiatrists have been recruited from outside Nova Scotia and on arrival have been denied billing numbers by MSI. The rationale for this is elusive. The maintenance of a provincial system of rural psychiatry in general and aspects of urban psychiatry is

highly dependent upon an adequate recruitment and retention process. It would appear that the present system of public service allocation of positions, funding and payment for psychiatrists is failing to meet the objectives for which it was originally established, namely recruitment and retention. Surprisingly, the Mental Health Section in the DoH has little influence over this system as the latter seems to be determined by the Insured Services Branch of the Department. There does not seem to be an adequate process in place for ensuring that the program is kept up to date and that it meets its objectives. There is the impression that the Insured Services Branch pays little attention to the clinical program needs and priorities of the DoH.

Recommendation: *That the payment system for psychiatrists be reviewed at the executive level of the DoH to ensure a system which achieves the recruitment and retention objectives for psychiatrists as well as the service needs of both inpatients and outpatients.*

Another problem has arisen within some of the smaller communities in which there are a limited number of psychiatrists and where, therefore, arrangements have been made with family physicians to cover psychiatric calls and emergency coverage; the family physicians have been paid for doing this out of funding allocated to unfilled psychiatry positions. Despite this arrangement seeming to have worked relatively well, it has been terminated as soon as the available psychiatric positions were filled. This results in frustration for the involved physicians and "burns bridges" should the mental health program again have decreased psychiatric complement.

Remuneration for physicians other than psychiatrists is perhaps beyond our mandate, except in so far as looking at possible obstacles to shared care initiatives. In this respect, if family physicians are to become fully engaged in aspects of shared care, there may need to be some modification to the fee schedule in order to ensure that shared care activities are suitably rewarded. That is, there needs to be financial incentives built in to change the direction of the system. The same comments would also be made regarding primary care reform. Obviously, systems of payment for family physicians other than fee for service may need to be considered.

Recommendation: *That the DoH and, specifically, the mental health section develop a clearly defined agenda on shared care and primary care to address barriers to family physicians working in the area of mental health. We would suggest that this would be done through a committee, having specific activities with the ability to allocate tasks and funding where appropriate and to set deadlines with specified goals to be achieved.*

IWK-Grace Health Centre: The IWK is an affiliated teaching hospital of Dalhousie University, with a strong commitment to integrating clinical care with training and research in a tertiary care setting. The mental health program itself was created through an integration of three organizations in the mid-1990s. The IWK operates the provincial inpatient child and adolescent psychiatry unit in addition to outpatient clinics and partnership programs. It offers a province wide consultation

service which seems to be widely seen as an essential program. Shared care programs with Family Practice and adult service providers have been initiated. There is virtual consensus that the IWK should be the hub of tertiary care services for children and adolescents in the province. However, we were also told about problems with timeliness of access, clarity of admission criteria, distance and follow-up arrangements.

In addition to travelling clinics by IWK staff, the hospital also operates a telemedicine consultation service. This received universal praise with the comment that it may indeed be better than face to face contact; since no travel is involved, it is possible for the person at the IWK via the telemedicine link to see all family members and also have contact with the local clinician involved with the child and family. Telemedicine thus provides a more useful service compared to sending the child and a parent to the IWK for a consultation away from the home and other involved systems.

As noted previously, programs with provincial components represent a particular challenge for governance within regional and district structures. This challenge has been addressed by the development of the Central Region Mental Health Program by its five partners, the NSH, the QEII Health Sciences Centre, the Central Regional Health Board, the Department of Psychiatry at Dalhousie University and the IWK-Grace Health Centre. The latter is represented on Central Region Mental Health Council which consists of the CEOs of the three health institutions, the CEO of the Central Regional Health Board, and the Head of the Dalhousie Department of Psychiatry. The objectives of the partnership include the efficient use of resources, the development of an integrated system, the provision of consumer-focussed care, and the better integration of research, education and clinical services. A steering committee includes representation from consumers and their families.

Recommendation: *That the IWK continue in its role as the tertiary care and to a lesser extent, the provincial child and adolescent mental health service. It needs to continue with its current positive directions and to build upon them in the context of the recently formed Central Region partnership and district structures.*

Recommendation: *That the IWK telemedicine consultation service be strongly promoted and supported by the DoH and that district mental health programs ensure ready access to the necessary technology.*

QEII Health Sciences Centre and the NSH : Although these institutions (and their predecessors) have been historically distinct, they are considered here together in recognition of their growing ties and partnership in the provision of adult mental health services in the capital district. Despite the NSH's history as the provincial psychiatric hospital, neither of these institutions are now fulfilling a significant provincial program role. Fewer than 5% of the overall referrals are from out of Central Region. Moreover, access to these programs is seen to be a problem by the other

regions, involving long wait times and problems of transportation. There is some use of telemedicine but not nearly to the extent found in children's services. Furthermore, we were told by the majority of staff and consumers outside of the metro area that they preferred to receive services as much as possible within their own communities. There are, however, some exceptions. As previously mentioned, for example, the forensics service is clearly seen as a provincial program. In addition, the Early Psychosis Program has a significant out of region referral rate running at about 20%. Finally, some of the services which the QEII and the NSH provide are highly specialized and viewed as appropriately offered by tertiary care institutions. These include services for special populations and where specialty expertise or expensive technology is required. Examples include:

- mental health consultation on severely medically ill patients;
- the Early Psychosis Program;
- the Forensics Program;
- the Sleep Disorders Program;
- and, possibly, the Eating Disorders Program.

Both the QEII and the NSH are institutions in change. The QEII, for example, has only been in existence as a result of amalgamation since 1995. Moreover, as a non-designated institution, it remained separate in governance from the Central Region but will now be more fully integrated with the Capital District. Furthermore, the mental health program has taken positive steps in implementing emergency services, setting up a Short Stay Unit, and developing initiatives such as the Mobile Crisis Service and a variety of specialty clinics. We were also told of the progress that has been made in better integration with other health care specialties (although access to the full range of mental health disciplines remains problematic). Research activities have also shown significant expansion. The NSH has also pursued a path of innovation through a shift from institutional inpatient services (the hospital once housed over 1000 beds and now operates 186), the development of community-based services, the development of consumer participation strategies, and the integration of research and training with clinical practice.

There were some difficulties mentioned in coordinating services for patients who live on one side of the harbour, who happen to initially present on the "wrong" side. It seems likely that the afore mentioned Central Region partnership will ensure that such problems cease to occur.

Relationships with community agencies and organizations have been developed and enhanced. We were told, for example, of a shared care project with a metro area transition house for women that was proving to be quite helpful. However, there also appeared to be a need to work further in improving links with the community (especially other agencies providing counselling and mental health support as a component of their services).

Recommendation: *That the provincial roles of the QEII and the NSH be strengthened through: a) the greater use of telemedicine; b) the use of travelling clinics where appropriate; and c) the development of arrangements with the districts to facilitate referral and consultation to and from the specialized programs for*

patients from outside the Central Region.

Recommendation: *That the QEII and the NSH continue in their leadership role in the integration of clinical services, research and training. Integration should also extend to the community and potential partners in the mental health service continuum.*

Dalhousie University: Many of the special programs offered by the IWK, QEII and the NSH are intimately linked to Dalhousie University. The latter plays a strong role in the development of research initiatives and in the education and training of a wide array of mental health professionals. The different disciplines provide a rich blend of perspectives and approaches to the continuum of mental health services. Advances have been made in the development of training, for example, in geropsychiatry, early psychosis, and in clinical psychology generally, as well as in the recruitment of clinical scholars and researchers. Much research is ongoing and efforts are being pursued to expand research on consumer initiatives, develop a primary care research network, and develop a provincial psychiatrist-based research network. In the area of services for children and adolescents, efforts are being made to establish a Chair in Adolescent Mental Health and, in partnership with the Northern Region, a service to provide primary care mental health treatment to families using a distance treatment model is being piloted. Innovative training models have also been proposed to respond to the shortage of mental health professionals, particularly in rural settings.

There appear to be relatively weak ties between the university communities and government departments. It is our opinion that the Dalhousie University staff, including not only psychiatry but also nursing, psychology, social work, occupational therapy, public health sciences and others, are not being sufficiently utilized by either the DoH or the DoCS.

Recommendation: *That the DoH engage Dalhousie University to facilitate its agenda for primary health care reform and shared mental health care.*

Recommendation: *That the DoH engage Dalhousie University to work with the district mental health programs to develop protocols for various aspects of clinical care, service delivery, research and evaluation.*

It is now a requirement for recertification of the Royal College of Physicians and Surgeons that psychiatrists participate in a substantial amount of continuing medical education activities. If the DoH is to maintain psychiatrists in rural regions, then some obligation must exist to ensure that these psychiatrists have opportunities to maintain their specialist certification. There are also continuing education needs for the other mental health disciplines.

Recommendation: *That the services of Dalhousie be enlisted to meet the recertification needs of rural psychiatrists as well as the continuing education needs of other mental health care providers.*

Objective #5
Identify ways in which the reformed mental health system can develop evaluation processes which will evaluate its performance.

Stakeholder Involvement

As noted previously, consumers, their families, and consumer organizations require involvement in the evaluation of mental health services. Other stakeholders such as family physicians, other departments, community agencies, and CHBs also need opportunity to provide feedback and to work together to deal with obstacles to health and to the efficient and efficacious delivery of health care services. However, it is recognized that it would not be useful for the staff of mental health programs to be spending large amounts of time in gathering feedback or to be conducting ongoing local "reviews".

Recommendation: *That local mental health programs develop and promote mechanisms for contact and communication with stakeholders in order to receive feedback and to disseminate results of evaluations. It is expected that the various universities around the province might well wish to partner with mental health services in the development of suitable evaluation strategies.*

Information Systems

Information on mental health seems to consist of bits and pieces extracted from various databases. Access to timely budgetary information appears to be problematic. Little information is being gathered at present on health promotion and prevention efforts although some models are being piloted. It is also difficult to evaluate the level of family physician involvement in delivering mental health care because patients may be seen for more than one reason on a single visit (with the mental health reason potentially left not tabulated). Service utilization information is dispersed across various departments with multiple (but inconsistent) collection of similar information. Consistent methods of assessing "satisfaction" and "outcome" do not exist across the province. We understand that the DoH is contemplating the development of a province wide information system and that information needs and systems are being examined more generally.

Recommendation: *That the DoH together with the DHAs participate in developing an information system on a province wide basis. This should include inpatient, outpatient and health promotion data, as well as information on community contacts and the status and occupancy of residential programs. This information is necessary in order to effectively manage programs at both the provincial and district levels. Standardized measures of both effectiveness and efficiency should be included. There should be ready access by all levels of the system to local, district and provincial information. This requires*

adequate hardware, data storage, data retrieval and report writing capability throughout the system.

Recommendation: *That, if they are not already involved, the relevant departments of Dalhousie University (such as the Department of Psychiatry, Public Health Sciences, and others) have some role in the development of an information system to ensure that it can adequately be used for healthcare planning and some aspects of research (for example, information regarding population health indicators).*

Research and Evaluation

There is an increasing recognition of the importance of promoting best practices in mental health services, both through evidence-based practice and practice based research. However, those in research often seem removed from providers, particularly those in rural areas.

Recommendation: *That DoH and DHAs work with Dalhousie University and the IWK, QEII, and NSH to establish opportunities for providers to receive ongoing learning particularly around the integration of current "best practices" and in the application of research and evaluation methods into their clinical practice. They need to use what works and find out whether it is effective in their settings.*

Peer Review

Mental Health staff often seemed to have little sense of the services being offered in other parts of the province; there is much "reinventing of the wheel".

Recommendation: *That the DoH create a strategy for peer review of mental health programs. Such reviews would be done in conjunction with consumers and other departments. Doing so would allow for aspects of the system to learn from each other and to create an open system.*

Recommendations

Review the adequacy of Mental Health Services & Standards from the perspective of all stakeholders

1. Mental Health Promotion, Advocacy, Education and Prevention

Recommendation: *That the DoH support the production, distribution and dissemination of leaflets and brochures about mental illnesses and about services which are available.*

Recommendation: *That each district develop a series of public presentations and forums on mental illness with the objective of making information more widely available and decreasing stigma. This should be coordinated to reduce needless repetition and to share strengths and resources.*

Recommendation: *That the DoH in collaboration with the districts consider implementing parts of the World Psychiatric Association/World Health Organization Anti-Stigma Campaign.*

Other Programs for promotion and prevention

Recommendation: *That the DoH work with the Department of Education to ensure comparable access to guidance, counseling and assessment services in the school systems across the province. Schools should be viewed as venues for laying the foundation for a healthy future.*

Recommendation: *That Public Health Services ensure that mental health programs are fully aware of the prevention/promotion aspects at the district level in which Public Health is engaged and the importance of these for mental health and that the two organizations consider ways to work together in order to better disseminate information about mental illness, promote healthy communities and determine strategies for stigma reduction.*

Recommendation: *That the role of mental health services in promotion and prevention be targeted and coordinated. Approaches to health promotion should be on a continuum ranging from the provision of information to collaboration with "partners" and community development initiatives recognizing population mental health determinants. Health promotion efforts must be culturally sensitive and build on the assets of communities and individuals.*

2. Adult Inpatient Program

Recommendation: *That family physician admissions to psychiatric units be supported in rural areas. This serves the purpose of integrating family physicians into specialist care and fits well with the principles of health care reform and shared care. Moreover, it contributes to the development of "champions" for mental health in the health care continuum. Clear admission criteria are an essential aspect of such units. Recommendations regarding family physician admission do not necessarily apply to the IWK-Grace Health Centre, the QEII Health Sciences Centre and the NSH and may not apply to the Cape Breton Healthcare Complex.*

Recommendation: *That the psychiatrists and mental health team manage the clinical inpatient programs, ensure adherence to the admission criteria and review interventions and length of stay. Psychiatry consultation on all admissions should perhaps be mandatory.*

Recommendation: *That the current inpatient units be maintained.*

Recommendation: *That a better integration of inpatient and outpatient programs be achieved with staff crossovers to facilitate the development of multi-skilled staff and the transition of patients from one program to another.*

Recommendation: *That steps be taken to ensure better integration of the addictions program with the mental health program.*

Patients with Severe, Persistent Mental Illness (SPMI) requiring longer term hospitalization

Recommendation: *That the availability of heavily supported small housing options for a limited number of patients be developed by each District Health Authority (DHA) to support and rehabilitate, in so far as it is possible, this group of patients (such as those in the Cape Breton Healthcare Complex). Such a heavily supported community housing option should offer advantages in both programming and cost over maintenance in an acute care hospital.*

Recommendation: *That the long term inpatient care programs currently operated for psychiatric patients, namely at the Mount Hope Centre and the Beacon Program, be maintained until the option recommended above is in operation and its effectiveness can be more fully determined.*

Recommendation: *That rehabilitation skills in working with patients with SPMI, in conjunction with assertive community treatment case management, be developed in each district by the mental health program rather than relying on centralized programs.*

3. Adult Outpatient and Outreach Mental Health Program

Recommendation: *That access for those in crisis and/or acute psychological distress be addressed. Each program should review the appropriateness of their arrangements in this regard, including attention to place (Emergency Departments, outpatient mental health clinics), staffing (family physicians, emergency physicians, mental health staff), hours of availability ("banking hours" or longer), methods (phone lines, mobile units), and links with mental health services and other agencies and community groups.*

Recommendation: *That the advantages of greater communication and collaboration with other departments, agencies and groups as well as the efficiencies of group treatment, psycho-education, indirect service, consultation, and working in community settings be explored.*

4. Child and Youth Mental Health Program

Recommendation: *That cooperative programs and working groups (between DoH, DoCS, and DoJ) should be investigated further to determine their potential for wider application.*

Recommendation: *That the DoCS and DoH clarify the responsibility for children with mental health problems, and jointly develop programming that ensures equal access to care and treatment for children regardless of status with DoCS.*

Recommendation: *That age as a determinant of access be regarded more flexibly, and the appropriateness of a program for the individual be considered more strongly (independent of whether it is a program for adolescents or adults).*

Recommendation: *That arrangements between the Departments of Community Services and Health be reached such that children do not have to be placed in care to receive treatment services. Arrangements should be made such that these services can be purchased through the DoH's mental health services, thus allowing some standardization of the types of treatment to be provided. Mental health programs, on the other hand, must have some assurance of continuity of funding before hiring staff to meet these needs. However, the volume is such that this should not pose a problem. A contractual arrangement or a letter of agreement may be suitable to ensure that the conditions are understood by all parties.*

Recommendation: *The DoH review the allocation of mental health funding within the new districts for the proportion which is allocated to provide services to children to ensure that this is reasonably equitable between districts and with other parts of the mental health program. Allocation of funds needs to take into account the usually greater need to collaborate with other "systems" when working with families as well as the greater potential for early identification and prevention strategies.*

Recommendation: *That Youth Health Centres be encouraged as an effective model for collaboration in the delivery of services for youth. Evaluation mechanisms should be built in to allow for comparison of the various models now being piloted.*

Recommendation: *(a) That "A New Step Forward" be accepted as the primary document for the development of Children's and Youth Mental Health Services; (b) that the activities of CAYAC be supported and reinforced by the departments involved; (c) that CAYAC should produce a work plan with dates which all departments accept and adhere to; (d) that CAYAC should then be evaluated as to its ability to achieve its accepted goals; (e) that, although this is an inter-departmental committee, one of the departments should accept the responsibility for providing the necessary support services; and (f) that CAYAC should establish better connections with those in the research community and those providing services to children and adolescents.*

5. Community Mental Health Supports for Adults

Employment and income support

Recommendation: *That income support programs encourage return to work and disincentives are reduced or eliminated.*

Housing

Recommendation: *That a housing program for adults with SPMI be a required element of this core program. It would help to meet the needs of this patient group and also to facilitate discharge from acute care facilities in a timely fashion. There also needs to be adequate clinical and social programming for patients in such housing, using assertive community treatment programs, outreach programs, case management and other standard forms of care for this group in the community (which constitute Best Practices).*

Recommendation: *That the DoH assume responsibility for the housing needs of this special patient population group unless there is another adequate administrative alternative which can be devised.*

Recommendation: *That districts develop or enhance community programs supporting the SPMI clients in community housing. Such programs should include Assertive Community Treatment, case management, and vocational and recreational programs.*

Recommendation: *That the classification system be revised in order to make it reflective of current standards of mental health care and responsive to the housing needs of consumers.*

Recommendation: *That access of those with SPMI to seniors subsidized housing be negotiated by the DoH.*

Recommendation: *That housing for the adult mentally ill have a set of standards developed with appropriate licensing procedures, funding mechanisms and evaluation mechanisms. The development of standards should be at the DoH level with the implementation at the district level.*

Long-term care placements

Recommendation: *That the long-term care facilities be required to meet the needs of acute care for placements within an acceptable period of time, such as 72 hours, and that the classification system be revised to be clear and comprehensible.*

Recommendation: *That individual operators of such long-term care facilities be required to accept patients classified as suitable and not exercise idiosyncratic "pick and choose" criteria of their own.*

New Antipsychotic Medications

Recommendation: *That a clear policy on access to the newer more expensive antipsychotic medications be developed and that information on the program be made widely available to both consumers and providers. The Dalhousie University Department of Psychiatry should probably be consulted on what is Best Practice in this area and what would be suitable rules to have in place governing accessibility. Also involved in such a consultation should be a number of the rural psychiatrists who manage patients under differing circumstances.*

Recommendation: *That consideration be given to the subsidizing of these medications. Given that access to the latter greatly reduces expensive inpatient hospitalization and significantly improves quality of life for consumers and their families, it would appear to be money well spent.*

6. Speciality Programs

Seniors Program

Recommendation: *That multi-disciplinary geriatric psychiatry and seniors mental health services at the district level be developed. Assessment teams need to be made available to Long Term Care which is experiencing problems in obtaining adequate psychiatric opinions, consultation and involvement. This is clearly a "growth area" and must be planned for accordingly.*

Eating Disorders

Recommendation: *That provincial resources for an eating disorders program be established as this is likely to be a growth area over the next several years (some inpatients have already been treated out of province). Probably the QEII would be the location of preference to develop or redevelop an inpatient program (probably not more than 4 beds) to serve the provincial needs. This would need to be associated with their day program (with hostel arrangements) since the treatment of eating disorders tends to be over a fairly extensive period of time.*

Medical Consultation/Liaison

Recommendation: *That mental health services establish joint programming with health care providers who are either more involved in physical medicine or who are responsible for the whole person (such as family physicians). Such programming would focus on what consumers need rather than on who should do it.*

Forensic Services

Recommendation: *That the DoH work with the DoJ and the Chief Provincial Judge to facilitate judicial consistency regarding remands utilizing clearly defined protocol and criteria .*

Recommendation: *That the DoH establish a provincial steering committee composed of key stakeholders for the forensic service which would serve to advise the Capital District Health Authority in this regard. The Administrative Director of the forensic service would report directly to the CEO of the Capital District Health Authority.*

Recommendation: *That the DoH address the need for forensic outpatient and community services. These should operate as a provincial program but be co-located with the district mental health programs.*

Rural and urban differences

Recommendation: *That training facilities (universities and internship settings) place particular emphasis on issues involved in working in rural settings and strive, where possible, to locate training experiences in such settings.*

Recommendation: *That the effectiveness of the bursary system be specifically reviewed to determine how it might be made more effective as one aspect of a psychiatric human resource plan.*

Recommend a Structure for Mental Health Service Delivery

Governance

Recommendation: *That mental health programs should be developed in each district, providing access to core programs as indicated above.*

Recommendation: *That administrative structures for mental health programs should resemble those developed for other aspects of the health care system; each district should have a mental health administrator.*

Recommendation: *That the establishment of a separate commission not be supported. However, we would emphasize that we reached this conclusion only after careful consideration and we strongly support those functions which the advocates of a commission presented as its advantages.*

Catchment Districts

Recommendation: *That Nova Scotians can access services within Nova Scotia where they choose rather than being restricted by where they reside. If this becomes problematic in particular areas or with particular programs because of a program inadequacy, a geographic problem or historical flows of consumers, then it may be necessary to negotiate some transfer of funding.*

Funding

Recommendation: *That the DoH move in the direction of more equality in per capita funding for mental health services. We recognize, however, that regional disparities will and should continue with Central Region receiving higher per capita funding for the foreseeable future because of the location of facilities, the tertiary level services that are available and, perhaps most significant, the historical drift of those with SPMI into the metro area over many years, who now require extensive supportive services.*

Recommendation: *That funding reflect the research evidence as to the prevalence of mental health problems, its economic and social impacts, and the availability of cost-effective interventions to reduce morbidity.*

Recommendation: *That part of the mental health budget for each district be designated to support community programs and initiatives. This will require the development of a provincial program, with standards and procedures for applications, requests for proposals, review procedures and evaluation. There must also be a recognition that when an agency is funded, that funding must be secure to the extent that adequate notice be given of any changes or discontinuation of funding. Within the provincial program framework, implementation should be by each district. Obviously, consumers should be involved in the development of this program as a provincial program and also in its implementation. Attention needs to be given both to the funding of provincial wings of consumer groups as well as those found within districts (the Schizophrenia Society and Canadian Mental Health Association would be examples of organizations having both tiers).*

Non-portability
Recommendation: *That the non-portable status of mental health funding be removed. Safeguards will need to be in place in addition to annual reviews by the DoH for the appropriateness of district budgeting and core service delivery.*

Review the impact on the system of the existing roles and responsibilities of key players

Recommendation: *That the Mental Health Services Section of the DoH assume a more major role with clearly defined responsibilities including:*

- *designation of programs as "Core";*
- *designation of programs as "Provincial";*
- *designation of programs as "Tertiary and/or Special";*
- *development of generally broad standards for programs;*
- *review of programs on a periodic basis;*
- *review of budget submissions, particularly changes in the mental health budgets submitted by districts;*
- *development of evaluation "packages";*
- *provision of assistance and support to districts in program development;*
- *monitoring of core programs at the district level;*
- *development (in collaboration with clinicians) of skill maintenance and enhancement programs for clinical staff;*
- *development of payment systems which facilitate staff recruitment and retention.*

Recommendation: *That if the above structure is implemented, it should be reviewed, after a*

period of perhaps two years, to determine if it is effective or if alternate arrangements need to be developed.

Consumers and Family Members

Recommendation: *That local mental health services establish mechanisms to facilitate the participation and partnership of consumers and family members in the continuum of service delivery (from providing feedback on services to involvement in the delivery of services, the setting of policy and the evaluation of services and programs).*

Legislation

Recommendation: *That the DoH ensure the review of legislation relevant to mental health; the review should include input from providers, consumers and their families.*

Recommendation: *That the DoH ensure that consistent provincial standards are developed and monitored in the use of mechanisms for consumer feedback and complaints, and in the provision of information to consumers as to their rights, their level of freedom under civil commitment, and their access to legal counsel.*

Non-Governmental Organizations

Recommendation: *That mental health services at the district level engage these organizations in working with them to improve the lives of consumers; progress in this regard will often rely on effective partnering rather than working in isolation.*

Community Health Boards

Recommendation: *That mental health services at the district level establish strong ties with the CHBs in their area, through the provision of information on mental health issues and the establishment of mechanisms for input from CHBs regarding the needs of their communities. CHB input regarding direction and governance will be established by their predominant role in the DHAs.*

Family Physicians and other mental health providers

Recommendation: *That mental health staff create communication mechanisms and coordinate services with those being provided by primary care physicians as well as those provided by other community-based services.*

Recommendation: *That community-based outpatient mental health services encourage access to services through the use of self-referral. It is recognized that physician payment systems may not make this desirable for all members of the mental health team. It would not be expected that tertiary level centres would utilize self-referral.*

Physician Payment Systems

Recommendation: *That the payment system for psychiatrists be reviewed at the executive level of the DoH to ensure a system which achieves the recruitment and retention objectives for psychiatrists as well as the service needs of both inpatients and outpatients.*

Recommendation: *That the DoH and, specifically, the Mental Health Section develop a clearly defined agenda on shared care and primary care to address barriers to family physicians working in the area of mental health. We would suggest that this would be done through a committee, having specific activities with the ability to allocate tasks and funding where appropriate and to set deadlines with specified goals to be achieved.*

IWK-Grace Health Centre

Recommendation: *That the IWK continue in its role as the tertiary care and to a lesser extent, the provincial child and adolescent mental health service. It needs to continue with its current positive directions and to build upon them in the context of the recently formed Central Region partnership and district structures.*

Recommendation: *That the IWK telemedicine consultation service be strongly promoted and supported by the DoH and that district mental health programs ensure ready access to the necessary technology.*

QEII Health Sciences Centre and the NSH

Recommendation: *That the provincial roles of the QEII and the NSH be strengthened through a) the greater use of telemedicine; b) the use of traveling clinics where appropriate; and c) the development of arrangements with the districts to facilitate referral and consultation to and from the specialized programs for patients from outside the Central Region.*

Recommendation: *That the QEII and the NSH continue in their leadership role in the integration of clinical services, research and training. Integration should also extend to the community and potential partners in the mental health service continuum.*

Dalhousie University

Recommendation: *That the DoH engage Dalhousie University to facilitate its agenda for primary health care reform and shared mental health care.*

Recommendation: *That the DoH engage Dalhousie University to work with the district mental health programs to develop protocols for various aspects of clinical care, service delivery, research and evaluation.*

Recommendation: *That the services of Dalhousie be enlisted to meet the recertification needs of rural psychiatrists as well as the continuing education needs of other mental health care providers.*

Identify ways in which the reformed mental health system can develop evaluation processes

Stakeholder Involvement

Recommendation: *That local mental health programs develop and promote mechanisms for contact and communication with stakeholders in order to receive feedback and to disseminate results of evaluations. It is expected that the various universities around the province might well wish to partner with mental health services in the development of suitable evaluation strategies.*

Information Systems

Recommendation: *That the DoH together with the DHAs participate in developing an information system on a province wide basis. This should include inpatient, outpatient and health promotion data, as well as information on community contacts and the status and occupancy of residential programs. This information is necessary in order to effectively manage programs at both the provincial and district levels. Standardized measures of both effectiveness and efficiency should be included. There should be ready access by all levels of the system to local, district and provincial information. This requires adequate hardware, data storage, data retrieval and report writing capability throughout the system.*

Recommendation: *That, if they are not already involved, the relevant departments of Dalhousie University (such as the Department of Psychiatry, Public Health Sciences, and others) have some role in the development of an information system to ensure that it can adequately be used for healthcare planning and some aspects of research (for example, information regarding population health indicators).*

Research and Evaluation

Recommendation: *That DoH and DHAs work with Dalhousie University and the IWK, the QEII and the NSH to establish opportunities for providers to receive ongoing learning particularly around the integration of current "best practices" and in the application of research and evaluation methods into their clinical practice. They need to use what works and find out whether it is effective in their settings.*

Peer Review

Recommendation: *That the DoH create a strategy for peer review of mental health programs. Such reviews would be done in conjunction with consumers and other departments. Doing so would allow for aspects of the system to learn from each other and to create an open system.*

Appendices

APPENDIX A

TERMS OF REFERENCE: REVIEW OF MENTAL HEALTH SERVICES

MANDATE:

To undertake a review of Nova Scotia's Mental Health System as stipulated in the Government's Platform. This Review will provide recommendations to assist the Department of Health with the Transition Plan to District Health Authorities in order to integrate Mental Health with other health and inter-departmental services. To present the Mental Health Review document to the Minister by March 31, 2000.

GUIDING PRINCIPLES:

The Review will be based on the following principles:

- The needs of mental health consumers are paramount;
- It is necessary to have a consultative process to obtain input from a broad spectrum of stakeholders (eg. consumers and families, service providers, community agencies, academic community, community health boards, mental health planning groups, etc.);
- Mental health is addressed as a population health concern
- Mental health must be integrated with other areas of health care, other social supports systems, and reflect those services and supports that consumers have identified as necessary to maintain health.
- Mental health care is optimally delivered close to home;
- Mental health services must be culturally sensitive and inclusive of needs of special populations;
- It is necessary to have provincial-wide standards of care;
- There is commitment to the integration of mental health care, education, and research.

METHODOLOGY:

External reviewers to be appointed by the Minister of Health

OBJECTIVES OF THE REVIEW:

1. **Completion of an analysis of existing documents related to Mental Health undertaken in Nova Scotia and in other jurisdictions including, but not limited to:**
   - A Vision of the Future - Report of the Working Group on Mental Health;
   - A New Step Forward: Improving Mental Health Services for Children and Youth;
   - Provincial Steering Committee documents;
   - Provincial Health Council\Regional\Facility\Community Health Board. reviews;

- Documents\reports from other provinces and jurisdictions that inform best practice;
- Consumer review (eg. Working Together, CLEAR, Consumer Mobilization);
- Fatality Inquiries (Legge & Clarke); Facilities Review Board.

Meeting this objective will result in:

- Identification of common and competing policy themes, comparison to current national policy direction.
- Identification and response to issues identified by consumers and support persons.
- Identification of legislative, policy and/or structures that may be impeding implementation.
- A synthesis of reports and recommendations regarding an explicit mental health reform policy supported by a vision and principles which integrates and coordinates a range of services across the life span.
- Recommended structure for the mental health system

2. **Review the adequacy of Mental Health Services & Standards from the perspective of all stakeholders in order to:**
   - Confirm Core Programs.
   - Identify the gaps in Core Programs across the province.
   - Comment on equitable distribution of Core Programs (located where needed).
   - Comment on appropriate utilization of existing resources to address core standards.

3. **Recommend a structure for Mental Health Service Delivery in the context of Nova Scotia's Transition Plan to District Health Authorities that will facilitate integration of mental health services, at the rural and urban community level.**

4. **Review the impact on the system of the existing roles and responsibilities of key players and make recommendation of key players including at least:**
   - Consumers, family members;
   - Family physicians\other mental health providers;
   - Non-governmental Organizations;
   - Department of Health\Community Health Boards\Mental Health Section;
   - Dalhousie University Department of Psychiatry;
   - Provincial Health Care Centres (including the Nova Scotia Hospital).

5. **Identify ways in which the reformed mental health system can develop evaluation process which will evaluate its performance, including at least the following:**
   - Communication and participation strategy;
   - Demonstrates if a reformed system improves the mental health of Nova Scotians;
   - Satisfaction of consumers and providers;
   - Proportion of resources committed to community versus institutional programs (bed numbers, etc.) based on bench-marking best practices;
   - Information is standardized in respect to collection, analysis, evaluation, and reporting;
   - The evaluation process should be transparent and consumer/provider friendly.

Appendix B
About the Reviewers

Dr. Roger Bland is a psychiatrist and Professor and Chair of the Department of Psychiatry at the University of Alberta. He has research interests in the outcome and epidemiology of mental disorders and has published extensively in this field.

Dr. Brian Dufton is a clinical psychologist working for the Western Regional Health Board at the Valley Regional Hospital in Kentville, NS. He has particular interests in clinical health psychology, health promotion, and the integration of research and practice.

Jane MacKenzie works in the Nova Scotia Department of Health and volunteered to assist with this review. She ably coordinated all our work throughout the province, kept us to our schedules, and produced all the documentation at the right times.

APPENDIX C

A suggested framework for submissions and interviews

This is a "suggested" framework only--it is neither required nor expected that these issues will be covered in every submission or interview. People are encouraged to focus in on those areas of most concern to them. Moreover, it may well be that there will be issues for review that are not captured by these questions. People
are thus also encouraged to depart from the format in what ever manner that seems fit to them.

From your group's/organization's/personal point of view...

Requiring Change

1. Describe the top 4 issues that require change on the part of Mental Health Services.
2. What are the current gaps in service in the Mental Health System?

Progress in Change

3. Describe any ways in which progress has been made in Mental Health Services over the past 5 years.
4. What are you concerned may be lost in making further changes in the Mental Health system?

Methods for Change

5. Describe strategies for improving Mental Health Services.

Barriers to Change

6. What are the barriers to change in Mental Health Services?
7. Which previous recommendations and strategies have not been acted on? Why not?

Location and Range of Services

8. What range of Mental Health services should be available on a local level? Which ones should be available within a larger geographic context? as a provincial service?
9. What is the range of services available to those who have severe and persistent mental health problems? What is needed to better work with this population and their families?

Evaluation

10. What is your current evaluation of the Mental Health system?
11. How should Mental Health Services be evaluated?

Roles and Relationships

12. How does the Mental Health system encourage local input? How could this be improved?
13. Ideally, what would your role be (or that of your organization) in the Mental Health system?
14. Ideally, what would your relationship be (or that of your organization) to the Mental Health system?
15. How should the relationships between the various parts of the Mental Health system be structured?

Organization/Structure

16. What is the place of Mental Health Services in the larger Health Care system?
17. How should Mental Health Services be organized to best fit within a District Health Authority structure?
18. How should Mental Health Services be organized to work most effectively with other departments?
19. How should Mental Health Services be managed and administered? What would an ideal governance structure look like?
20. What sorts of funding mechanisms should be in place to support Mental Health Services? Your top four issues.
21. What are the top four issues or concerns you want to highlight for this review?

APPENDIX D
Individuals and Stakeholders interviewed

STAKEHOLDERS INTERVIEWED

Deputy Ministers of Health and Community Services
Dalhousie, Dean of Medicine
Psychiatric Facilities Review Board, Chair
Department of Health Transition Team (DHA)
Mental Health Advisory Committee (to the Review team)
Department of Health Addictions Services Section
Department of Health Public Health Services Section
Self Help Connections
Schizophrenia Society of Nova Scotia
Canadian Mental Health Association
Department of Health Home Care Section
Department of Health Long Term Care Section
Dalhousie - Department of Occupational Therapy
Dalhousie - Department of Social Work
Nova Scotia Hospital Staff
Central Region Health Board
Adsum House
Avalon Sexual Assault Centre
Metropolitan Immigrant Settlement Association
Child and Youth Action Committee (CAYAC)
Inter-Departmental Groups
Dalhousie University - Department of Psychology
Dalhousie University - School of Nursing
Northern Region - Aberdeen Hospital
Northern Region - Community Groups (Pictou County)
New Glasgow - Trenton Police
New Glasgow Probation Office
Colchester Coordinated Student Services for Regional School Board
New Glasgow - Sister Mary Sheriden
New Glasgow- Riverview Homes Adult Residential Centre
New Glasgow - Director of Children's Aid Society
East Hants - Colchester Churches
Northern Region - Addiction Services (Cumberland County)
New Glasgow - Executive Director Residential Highland View Community Residential Services
New Glasgow Resident
Child Psychologist - School Board/Private Practice
East Hants Community Resident
Cumberland County Early Intervention Representative

Pictou County Women's Centre
Northern Region Mental Health Services and other Providers
Northern Region Psychiatry staff
Northern Region Consumer and Community Groups (Cumberland County)
Northern Region Medical Staff representatives
Northern Region (Colchester Site Staff)
Northern Region Senior Management Staff
IWK Staff
Cape Breton Healthcare Complex Mental Health Services Administrative Team
Cape Breton Healthcare Complex Rehabilitation Services
Eastern Region Child and Youth Project
Cape Breton Healthcare Complex Psychiatrists
Cape Breton Healthcare Complex Emergency Services
First Nations
Crossroads (Clubhouse Program)
Schizophrenia Society Cape Breton Chapter
Cape Breton Healthcare Complex Child and Adolescent Services
Cape Breton Healthcare Complex Psychologist
Provincial Health Council
Cape Breton Healthcare Complex - Physicians Telehealth
Eastern Region Providers Group
Eastern Region Agencies and Consumers Groups
Eastern Region Community Health Boards
Eastern Region Consumer Group
QEII Staff
Department of Community Services Child Welfare Agencies
Department of Health Mental Health Services Section
Department of Community Services Reviewers (Residential Services)
Western Region Psychiatrists/GP
Western Region - Beacon Program
Western Region Centre Facilitators and Unit Managers
Western Region Intersectorial Working Group
Western Region - Community Groups
Western Region - Consumer Group
Western Region - Community Health Boards
Western Region - Mental Health Management Team
Forensic Services - Joint Forensic Committee Representatives
MSI/Insured Services

Individuals met with during the Review:

Dr. Tom Ward
Barbara Hall
Bill Twaddle
Dr. Noni MacDonald
Elaine Gibson
Dr. David Rippey
Menna MacIsaac
Dr. John Campbell
Rick Manuel
Doug Crossman
Brenda Montgomery
John Malcom
Mary Foshay
Dr. Lindsay Myers
Dr. Stan Kutcher
Dr. Bob Mullan
Dr. Jim Millar
Alec Bruce
Anne McGuire
Jerry Henderson
Celeste Gotell
John Murphy
Tracey Williams
Jane Fitzgerald
Joanne Bertrand
Cathy Thurston
Anne Marie Pellerin
David Wojcik
Anne Power
Karen Briand
Jim Baker
Sandy Goodwin
Merv Ungurain
Hope Beanlands
Jean Pierre Galipeault
Al Britten
David Poirier
Debbie Nicholson
Joe Bruce
Carol Isnor

Don Roper
Sandra Cook
Paula Withrow
Joycelyn Brown
Joan Versnal
Gail MacDougall
Theresa Fillatre
Dr. Scott Theriault
Beth Floyd
Myrtle Corkum
Ena MacDonald
Amanda Whitewood
Katherine Doherty
Louise Bradley
Linda Judge
Sam Way
Dr. S. Brooks
Marilyn Welland
Pat Hawes
Anne Marie Maloney
Brian Butt
Francis Moriarty
Tom Payette
Anne Cogette
Linda Young
Sheila Martin
Ann Miller
Dr. J. Kazimirksi
Anne LeBlanc
Irene Smith
Mary Anne MacKinnon Rodriguez
Bob Matergio
Tony Martin
Judy Jackson
Elizabeth Shears
Rick Gilbert
Vicki Wood
Fred Honsberger
Nancy Beck
Kim Stewart

Dave McKelvie
Janet Bray
Frank Benstead
Sylvia Colley
Bertilla Sampson
Dr. Ron Stewart
Dr. Nuala Kenny
Dr. Ross Langley
Dr. J. Cox
Dr. C. Powell
Dr. R. MacLaughlin
Dr. D. MacLean
Dr. Liz Cowden
Dr. Bob Stone
Dr. Dave Young
Dr. John Finley
Dr. A. Stokes
Dr. L. Kopala
Dr. C. Shea
Dr. M. Alda
Dr. A. Abbass
Dr. D. Whitehorn
Jean Hughes
Norma Murphy
Dr. Mick Sullivan
Dan Walch
Sue MacLean
Ralph Blakie
Sister Mary Sheriden
Charlene Thomas
Anne Blandford
Hilary Amit
Craig Purvis
Joan MacDonnell
Irene Witherspoon
Barb Boudick
Arlene MacDonald
Donna Fitzpatrick
Jean Carriere
Frank Allen
Helena Rudderham
Joan Ralph
Phillip Donkin
Juanita Maddison
Gerry Miller

Diana Fortnum
Edith Rutherford
Neil Morse
Mary Clark Touesnard
Debbie Oliver
Bruce Quigley
Eileen Donahoe
Maureen Jones
Nancy MacLaughlin
Dr. Cornelis DeBoer
Dr. Hugh Maguire
Dr. Andre Zebrowski
Dr. Sean MacCormick
Dr. Bill Curley
Dr. B. Arana
Wanda MacLean
Marie Walker
Jean Campbell
Wayne Miget
Sherry Spence
Robert Charbinal
Peter MacKinnon
Penny Lighthall
Dr. David Blair
Dr. Peter Lee
Dr. Spencer Marks
Dr. Courland
Dr. Barkley
Dr. Peter Reid
Jeanette Grange-Koche
Patrick Flynn
Linda Smith
Cheryl Stevens
Dr. Vivek Kusumakar
Dr. Herb Orlik
Dr. Marie Poisson
Rick Nurse
Patricia Murray
Dr. Naqvi
Dr. Courey
Dr. Foley
Brian Oram
Ron Bert
Linda Alderson
Keith MacDonald

Ilonka Thomas
Colleen Cann MacKenzie
Brenda Ryan
Dr. Ali
Al MacLean
Sharon Sheppard
Bev Gabriel
Lorne MacLeod
Dave MacIver
Charmaine Mrazek
Dr. J. O'Brien
Dr. N. Malik
Dr. S. Hussain
Linda Parris
Peter Stevens
Joe Bruce
Ralph Ferguson
Dr. Reg Landry
Dr. John Gainer
John Dow
Dr. John Chaisson
Dr. David Aldridge
Dr. John Hickey
Dr. Bernie MacLean
Dr. Brian Steves
Dr. Pat Menardon
Dr. Jim McKillop
Dr. Dean Perry
Darcy Sarson
Liz Isnor
Bernie MacDougall
Barb MacLean
Anne Marie Chisholm
Gary Neufeld
Fran Nunn
Cheryl Brown
Cameron MacDougall
Jean Crosby
Lucille Harper
Brenda Wilson
Patrick Chisholm
Debbie MacIsaac
Dr. John Ruedy
Mary Pothier
Dr. Michael Teehan

Dr. David Pilon
Sandra Hennigar
Debb Vandewater
Debra Burris
Lynn Brogan
Beverley D'Entremont
Barry MacFarlane
John Hinton
Dr. Wade Junek
Dr. Grant Charles
Dr. George
Dr. Roberts
Dr. Lazier
Dr. Garvey
Dr. David Mulhall
Dr. Debra Elliott
Dr. Wayne Edwards
Dr. Jackie Milliken
Dr. Bill Lowe
Donna Pineo
Dr. Allen Warner
Eleanor Newton
Dr. Joan Boutilier
June Zwicker
Janet Wentzell
Heather Hill
Joanne Sprague
Nicole Timont
Beatrice McConnell
Susan Hayes
Dr. Joelle Caplan
Tom MacNeil
David MacInnis
Don Cleaver
Anne Jones
Todd Leader
Carol McKinnon
Heather Christan
J. Roswell
Karen Martin
Pat MacLean
Bob Williams
Blanche Williams
Rick Merrill
Matthew Polick

Ellen Polick
Charles Phillips
Eric Milan
Della AuCoin
Greg Deveau
Florence Gordon Ganders
Cary Porter
Mitch Soucie
Sharon Corporon
Anne Nelson Waterfront
Theresa Williams
Peter Lombard
Pat Shaw
Greg Buckler
Micheal Cook

Ines Cook
Betty-Lou MacKay
Steven Little
Gloria Wood
Richard Wood
Susan DeViller
Jeffery Getso
Peter Keifl
Tony Storer
Derek Dinham
Marianne Ellis
Brian MacLeod
Nancy Ettinger

Please accept our apologies for any names which have been misspelled or omitted from the above list.

MENTAL HEALTH: A TIME FOR ACTION

Appendix E: Summary of Reports

APRIL 2000

Prepared for:
Dr. Roger Bland

Prepared by:

MCDERMOTT & ASSOCIATES CONSULTING INC.

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Introduction

A total of thirty-six documents, relating to mental health services in Nova Scotia, have been reviewed to identify issues, policy themes, and recommendations for the structure of the mental health care system. A summary of each article can be found in Attachment 1. For ease of reference the documents were grouped into six sections:

I. Policy and Government documents: Includes documents which form the basis of mental health program and policy development and government reports which provide information and statistics on the mental health system.
II. Children's Mental Health Services
III. Psychogeriatric Services
IV. Forensic Mental Health Services
V. Regional Mental Health Services: Province-Wide, Central, Western, Eastern, Northern

This review is divided into two parts. Part I is a review of the provincial policy framework that provided the foundation for current mental health delivery in Nova Scotia. Part II is an analysis of the documents which assess the delivery of mental health services in Nova Scotia, both at the regional and provincial level, over the past seven years. Recommendations from the reports are summarised in Attachment 2.

I. Provincial Policy Framework and Program Initiatives

Mental Health Reform 1992-Present

In 1992 the Provincial Mental Health Working Group produced the Report *A Vision for the Future* which began a major shift in the provision of mental health care in Nova Scotia. The key directions of this report were:

- consumer as the centre of the system
- community focused
- mental health promotion
- research and evaluation
- co-ordinated care in service delivery

The document *Nova Scotia's Blueprint for Health System Reform (1994)* reinforced these tenets with increased emphasis on consumer as the centre and community focused programming. It developed the Community Support Model which builds on resources in the community and involves consumers, providers, families, friends and volunteers in planning and delivering services. It focuses more on people than on services, more on communities than on institutions, and more on the consequences of mental illness than on the diagnosis. It acknowledges that people with mental health problems need access to more than treatment services; they need access to housing, education, income and work. It must be understood that the stigma of mental illness very often prevents people from accessing needed services.

The principles of the Consumer Support Model form the underpinnings of all Nova Scotia's new program and mental health policy development work.

Regionalisation

The Mental Health Services Program was not devolved to the regions. The program came under the authority of the Regional Health Boards (RHB) through the designation process. The Community (Mental Health) Advisory Boards faded from prominence, although the legislation under which they were formed and operated continues to exist. This remains an outstanding issue between the Mental Health Section and the Regional Health Boards and Non-Designated Organizations (NDO's).

In 1997, all of the NDO's provided a Mental Health Program. The four CEO'S in the Central Region were asked to develop their own structure which would demonstrate how they would share accountability for a clinically based program and collaborate on the development of a regional plan for such a program. The result was a *Model for Service Delivery*, 1998. The main recommendation of the report was to have one authority for Mental Health in the Central Region. The lack of action on the main recommendation requires Department of Health leadership to resolve.

On October 21, 1999, the Department of Health announced that governance of the four Regional Health Boards (RHB's) would be transferred to the Department immediately. This was the Government of Nova Scotia's first step towards establishing a more community responsive health care system that will see nine District Health Authorities (DHA's) established in the province. The DHA's will be smaller than the RHB's and will have formal links with Community Health Boards.

The Community Health Boards through a community-based process that will be open to the public will select two-thirds of the DHA membership.

The DHA's will be responsible for coordinating the relationships of patients, clients, providers, and organizations. They will help patients and clients navigate the system to receive easier access to effective quality service provided by the right caregiver, in the most appropriate location, and in a cost-effective manner.

Standards Development and Core Programs 1997-present

Core Programs have been defined by the Mental Health steering Committee and have been approved. They are:

- Mental Health Promotion - advocacy, education and prevention
- Adult outpatient and outreach
- Adult inpatient
- Child and youth services
- Rehabilitation (community supports for adults)
- Specialty Programs

These programs are described in the document "*Mental Health Regional Core Programs*". Sub-committees, reporting to the Mental Health Steering Committee, have been established in three areas, namely: Mental Health Rehabilitation; Mental Health Services for Children and Youth; and Adult Inpatient Program. The mandate of these sub-committees is to draft standards.

Report on Community Mental Health Supports for Adults: Standards Document is part of a mental health policy reform initiative being carried out by the Nova Scotia Department of Health. The report and its companion document *Community Mental Health Supports for Adults: Interim Report* focus on the community dimension of mental health reform.

These reports were reviewed by an external consultant. The following comments/recommendations were made by the external reviewer:

- That the Mental Health Steering Committee consider including an Early Intervention program.
- That the 'Toolkit' developed by the International Association of Psychosocial Rehabilitation Services (IAPSRS) be explored as a way of evaluating community programs
- It is important to recognize the goals and aspirations of consumers while still recognizing the importance of rehabilitation and treatment services in policy development.
- Social support and leisure activity programs are an example of current models that need to support inclusion *e.g.* the Clubhouse Model. The key of having social support and leisure-activity programs support inclusion, lies in consumer participation and control.
- The move to a citizenship-centred policy model requires an approach to measuring the foundations of life in the community – Are people with serious mental illness getting an adequate income? Are they decently housed? Are they able to work or have meaningful activity? Are they getting access to colleges and universities?
- Important changes can be made to existing programs without incurring additional costs *e.g.* putting in place new approaches to housing regulation can change custodial housing models by encouraging operators to offer flexible support. Creating standards for consumer participation can begin to shape programs towards supporting clients in the area they find most important. Funding consumer initiatives, will contribute to bed reductions and create an infrastructure of organizations to support high levels of participation.
- Regional administrative authorities and single-envelope funding are two building blocks of reform. In addition a clear mandate for regional authorities is needed in order to implement reform.

The reviewer concludes that the Nova Scotia Mental Health Steering Committee has outlined an ambitious and forward looking community strategy. The work being done in Nova Scotia is essential to putting in place the programs and organizational models that can help realize a better future.

Human Resource Planning

Insured Program Management (IPM) has been leading the Task Force working to identify the human resources needed for psychiatry province-wide.

To attract mental health professionals to Nova Scotia there are several incentive programs in place: the Psychiatry Bursary Program, the Psychology Internship Program, the Distance Nursing Education Bursary Program, and the Fellowship Program. Mental Health Services has successfully supported and facilitated a fellowship program in Child and Youth Services through IWK and Dalhousie University.

Evaluation and Research

Since 1992 the Department of Health has required all new program funds to be non-portable during the start-up period and to have an evaluation component. This allows successful, evaluated practises to be replicated in another region's core program.

II. Review of Reports and Documents

The Consumer as the Centre of the System

The consumer as the centre of the system has been a principle of mental health planning since 1992 and is slowly being incorporated into the mental health delivery system. *The Community Mental Health Supports for Adults: Charter Document* states that:

- to appropriately design and deliver services, opportunities must be available to enable meaningful consumer participation at all levels of decision making. The reformed system consists of community-based services and supports that emphasise the potential of individuals. There are numerous modalities for the delivery of these support and services including case management, assertive community treatment, consumer or family initiatives, clubhouses, and inter-sectoral collaboration. Consumer participation is essential for ensuring that the service described in the Charter Document functions properly.
- consumers have the capacity to do many things for themselves, and each other, given the proper resources. Recent provincial health planning documents emphasise consumer participation and capacity building as priority building blocks for a strategy to enhance the quality of life of mental health consumers. Consumer and family initiatives enhance the capacity of individuals and the community to effect the health status of persons with severe and persistent mental illnesses.
- that first priority is given to consumer and family initiatives that are designed and developed by them and that the Department of Health will support through policy, standards and funding.

Recent reviews of the Northern and Western regions indicate that although consumer participation has been difficult some progress has been made. In the Western Region some decisions are now being made at the consumer-level and there are clearly defined mechanisms for approval and funding of consumer initiatives *via* the Community Health Boards. However, the role of the Mental Health Advisory Boards and other advocacy groups in context with Community Health Boards is unclear and a major issue at this time. Similarly, the recent review of the Northern Region mental health program states that the "extensive consultation with key stakeholders has been ongoing and is reflected in a number of active committees" p.1. However, the same report points out that enhanced consumer involvement is a critical component to widespread acceptance of a regional model of service delivery and needs to be enhanced in all aspects of regional planning.

In the Eastern Region Mental Health Program review it is noted that there is no Mental Health Advisory Board for the region and consumer participation is minimal. It is recommended that consumer involvement in the planning, delivery and evaluation of mental health services needs to occur. A mental health advisory committee is suggested as a forum to facilitate such involvement.

Community Focused

Community services and supports are an integral part of the Consumer Support Model outlined in *Nova Scotia's Blueprint for Health System Reform*, which is the foundation for Mental Health reform. Only when there are sufficient community resources available will the goal of having those with mental health problems fully functioning and fully integrated members of the community.

In spite of this policy principle, which has been in place since 1994, no issue was raised more often by more reports than the lack of community resources to meet the needs of mental health consumers.

Community Mental Health Supports for Adults is recognized as a core mental health program. The following are the components of the service:

- individual community support/case management
- assertive community treatment
- supports for living, learning and working
  - Housing Supports entail individualized, flexible and ongoing support for consumers in locating, obtaining and maintaining safe and affordable housing in the community.
  - Respite Services offer short-term relief for primary care givers by providing alternate care giving in the home or another setting.
  - Intensive Housing options are small facilities integrated into the natural community and providing tertiary treatment and supports for adults with severe neuro-psychiatric disorders and very challenging behaviors.
  - Employment supports and education supports are a variety of flexible and ongoing vocational supports to assist consumers to prepare for, obtain and maintain competitive employment.

This program is reportedly available throughout the province (Charter Document). However, the Eastern Region Mental Health Program Review (1999) states that there is no identified Community Health Supports Program for the Region.

A small population base in rural areas of the province poses challenges for full service delivery in each district, especially for specialty services.

There is a critical shortage of residential placement options for consumers who require medium- and long-term treatment across the province. Many reports recommend that the Department of Community Services expand the amount of residential placement options available to mental health consumers.

Lack of outreach programs, to both schools and the workplace, are often cited as areas of concern, particularly in the rural setting. Follow-up services are considered a major issue in rural settings where the almost exclusive reliance on family physicians results in limited support to consumers beyond minimal medication and medical needs. Major difficulties are that primary care physicians lack ready access to services offered by the formal mental health services *e.g.*, nursing and social work. In some cases primary care physicians lack knowledge of the latest treatments and interventions, and may lack confidence or knowledge in dealing with mental health consumers.

An initiative by the government that should help improve community services was the establishment of the Home Care Mental Health Working Group in 1997 to make recommendations for implementation strategies for providing existing home care services to mental health consumers.

The Home Care Mental Health Working Group made the following recommendations:

- That all home care staff be provided with education and training so that they are comfortable in meeting the home care needs of mental health consumers. An education and training framework is being developed.
- That regional teams be established to implement the provision of home care services to mental health consumers.
- That more input be sought from mental health consumers

In summary, there is an overall lack of community support services throughout the province, although it is more acute in rural areas, to enable the mentally ill to be fully integrated into the community. Of particular concern is the critical shortage of appropriate residential options for the medium- and long-term mentally ill. The establishment of Home Care Mental Health Working Group is a positive step toward providing a more complete range of community services for mental health consumers.

Co-ordinated Care that provides a Continuum of Care

An important tenet of the Community Support Model, outlined in the Blueprint document, is that care must be co-ordinated and comprehensive in order to provide continuity of care. Where mental health care consumers have additional health problems the Community Support Model provides a context in which to deal with mental health issues as part of overall consumer care. To achieve this end there must be increased networking between various agencies, organisations and professional associations. The networking must occur at three levels, namely:

- individuals in the care team
- the care team with other government sectors and local agencies providing services
- consumers and providers who must become better informed about local agencies and organisations.

Evidence from reports reviewing current systems indicates, however, that there still are many gaps in the provision of mental health care. There are many causes for this lack of continuity, ranging from lack of community services to lack of professional providers. A major cause in the disruption of the continuum of care, at least in the more urban areas, is lack of communication and co-ordination of services between the formal and informal mental health system. The formal mental health system has been described as focusing too narrowly on the assessment and treatment of psychiatric disorders, and as being unable (or unwilling) to provide the services that Community Services, Justice, Education and Drug dependency saw as necessary (*A New Step Forward*, p.12). There is a great need for inter-departmental co-ordination and harmonisation of services when more than one department is involved in the provision of mental health services.

In its review of mental health services in Nova Scotia, the Minister's Task Force on Regionalized Health Care in Nova Scotia found serious gaps in the services " There are insufficient resources in place to address mental health, especially regarding adolescents and children. Services are fragmented, and patient overload is a problem. An example of fragmentation is the lack of integration between mental health and addiction services. Mental health and addiction problems are inextricably intertwined." (p.24)

To address these concerns the Task Force recommended that a Mental health Commission be established with a mandate to plan, develop and oversee province-wide, integrated mental health services.

Because of many gaps in the delivery of mental health care in the Central Region a model of service delivery was developed. The model is designed to provide a comprehensive range of mental health services that is responsive to community needs in the least restrictive, most accessible and appropriate manner, compatible with best practices and good clinical care. Furthermore, the model is designed to be consumer focused, providing a continuum of care, which integrates research, education, and evaluation in all aspects of the care continuum.

Better discharge planning in hospitals is considered necessary in order to ensure that adequate follow-up services are available in the community for mental health consumers. In addition, numerous reports indicate the need for mental health services to work more closely with primary care providers (such as the family physician and community social services) and consumer and family initiatives, such as self-help and drop-in facilities.

Resources

Fiscal

The reformed health care system should help people with mental health problems become fully-functioning, fully-integrated members of society by:

- establishing policies, based on the new community support model, that shifts a portion of mental health resources from institutions to fund community support services. The integrating framework for this model is community-based primary health care;
- funding mental health services as a "core" program to ensure an acceptable level of service at the community, regional and provincial levels. There are four essential support systems that need priority development: case management, crisis intervention, housing supports and consumer/survivor services;
- integrating all sources of provincial funding for mental health services (*e.g.*, Community Services, Housing and Health) into one envelope to be administered by the CHB;

Despite the above policy framework, funding remains inadequate for the provision of a comprehensive continuum of mental health services province wide. Many of the reports reviewed recommend that more funding be given to the Department of Community Services to address the shortage of community services, particularly in the area of providing appropriate housing. A major financial concern, especially in rural areas, is the high cost of new drugs used to treat the mentally ill.

The Northern Region claims that funding for Northern Mental Health Services is 25% below that of the provincial average and 15% below that of similar non-metro regions (Eastern and Western).

Human Resources

In spite of several incentive programs, such as the availability of bursaries and fellowships, it has been difficult to recruit and retain mental health professionals, particularly in remote rural areas. Lack of mental health professionals causes problems throughout the mental health delivery system.

The inability to fill key positions in some of the regions is of key concern in implementing a new system of mental health delivery. In other areas were a full staffing complement exists any resignation in any of the key positions could have major ramifications.

Children and Youth Mental Health Services

Nova Scotia's Blueprint for Health System Reform states that children and adolescents with emotional or behavioral problems, and families at risk, should be given priority when developing programs and allocating funds. To accomplish this a broad base of community services must be developed to support children and adolescents, which recognises their unique biological, emotional, developmental and social needs, and strengthens the capacities of families to provide for them. This will require:

- parent education and support programs for at risk children, youth and families
- public policies that support families and communities early and ongoing screening and referral for children at risk
- educators and child care agencies that provide good mental health education
- development of consumer support, self-help and peer support program
- education of primary health providers, educators, and day care providers in the early identification and support of high-risk children.

With the needs articulated in the Blueprint Document in mind the Departments of Health and Community Services initiated a review of mental health services for children and youth. The findings of which are reported in *A New Step Forward: Improving Mental Health Services for Children and Youth in Nova Scotia* (1998).

The review identified the following issues in the provision of mental health services to children and youth

- The continuum of care is incomplete. A key example was the inability of existing service delivery systems to respond adequately to the needs of 16 -19 year olds.
- There is a lack of common understanding about what constitutes "mental health services".
- There is a strong need for generic mental health services at the primary care level for families or persons who may not have a diagnosable mental illness but who still require professional intervention and support.
- There is an overall lack of resources both fiscal and human to meet the mental health needs of children and youth.
- The perceived inequity in rural versus urban service delivery, regional variations in resource allocation, recruitment and retention of trained staff in more remote areas and the provision of necessary services were identified as persistent difficulties.
- The role of provincial facilities and access to specialised services that are unavailable in regions were often raised as a concern. Reduced accessibility to highly specialised expertise for assessment, consultation, and treatment outside the Central region was identified by service providers in the three other regions as a serious service gap.
- An ongoing critical shortage of residential placement options for children and youth that require medium and long term treatment.
- Formal mental health services were described as focusing too narrowly on the assessment and treatment of psychiatric disorders and as being unable to provide the services that Community Services, Education, Justice, and Drug Dependency saw as needed and where mental health practitioners were recognised to have expertise.
- The apparent lack of co-ordination between mental health services and services offered by other departments or private practitioners.
- Co-operation among government departments needs to be enhanced. Difficulties were identified in accessing services from other agencies or departments. Collaborative programming was difficult because of guarded autonomy and independence of departments.
- The need for earlier identification of risk factors and more timely intervention when these factors are identified.
- The need to develop and use a common glossary of terms was seen to be an important consideration in improving inter-departmental communication and co-operation.

The provincial committee developed specific goals and recommendations based upon the consultation process. The recommendations are grouped under six main themes: leadership structures, continuum of services, standards and evaluation, collaboration, access, and resources. A summary of the recommendations is included in Attachment 2.

CAYAC, is a body which comprises senior officials of the Departments of Health, Community Services, Justice, Education and Culture and the Youth Secretariat and the Sport and Recreation Commission. In its review of *A New Step Forward* CAYAC identified initiatives presently underway, which are consistent with the recommendations of the report and issues which will need to be addressed over time. CAYAC also identified four key issues from the report to be acted upon immediately, namely:

- The need for interdepartmental co-ordination and harmonisation of services when more than one department is involved. CAYAC is formally mandated to create and maintain a co-ordinated interdepartmental approach to child and youth mental health services and will develop an action plan to deal with this issue.
- The need for earlier identification of risk factors and more timely intervention when these factors are identified. A priority is being placed on early identification and intervention services. The government is committing an initial $1 million to a Children's Futures Foundation to support innovative projects based on proven strategies that involve inter-departmental or inter-agency collaboration.
- The need to re-examine and possibly realign responsibilities assigned to each department with respect to children and youth with severely disruptive behaviour, especially in terms of residential treatment. The four departments will begin work to quantify the required amount and type of residential and day treatment mental health programs to determine where responsibility of these should be placed.
- Changes in the delivery of mental health services have major ramifications for regional stakeholders. In order to be successful, these stakeholders need to be engaged and their efforts co-ordinated. The four Departments will share funding to support the costs of an integrated service co-ordinator for each Region.

Forensic Services

The Mental Health section of the Department of Health has made forensic services a priority over the last five years following an external review of the Nova Scotia Hospital, the release of the Joint Forensic Report and unfortunately following a couple of fatality inquiries.

A substantial number of persons with mental disorders move back and forth between the Criminal Justice System and the Mental Health System. As a result more than one department is involved with these patients at the same time. To address the lack of communication and co-ordination between government departments a Joint Committee on Forensic Services was established in 1997. The mandate of this Committee was twofold: firstly, to review the process used in the administration of the 1992 amendment to the Criminal Code; and secondly, to oversee the development and implementation of an integrated and co-ordinated forensic service system for adults and young offenders. The Committee reports to the Deputy Ministers of Health, Justice and Director of Public Prosecutions. The issues identified and twenty-seven recommendations made by the joint committee are currently being addressed by the Government of Nova Scotia.

Some of the major government initiatives based on the recommendations of the Joint Forensic Report include:

- Planning is underway to replace the Halifax Correctional Centre and the Provincial Forensic Service's new facilities will include a mentally ill offender unit. The Provincial Forensic Psychiatry Service (PFPS) and Corrections will jointly design the program.
- Protocols have been developed between the IWK and Nova Scotia Youth Centre for providing assessments for NCR's. A new mental health program was commenced and is to be operated in the Young Offender facility in the western region.
- The Department of Health has agreed that all assessment for fitness and criminal responsibility should be done in the public sector Mental Health Service as a core service. The Nova Scotia Hospital will provide all assessments for criminal responsibility for the province. PFPS in conjunction with the department of Health will meet with regional mental health services to develop a protocol to put this in place.
- Linkages are being developed between IWK/Grace and PFPS. Increased co-operation is taking place between the IWK/Grace and the Youth Offender facility in the Western region.

However, Community placement options remain a major concern for NCR patients. Patients remain in hospital for longer than perceived necessary. In addition gaps in service with respect to young offenders requiring a secure setting still exist.

The recommendations resulting from the John A. Legge and the Richard A Clarke fatality inquiries were incorporated into the Joint Forensic Report and are currently being addressed.

The Provincial Forensic Psychiatry Service's (PFPS) mandate is to enable persons with psychiatric disabilities who have been in conflict with the law to improve their functioning so that they can be successful and satisfied in the roles and environments of their choice with a balance between professional intervention and community support that assures the safety and security of clients, staff and the community.

The PFPS has developed a strategic plan in which, initiatives focus on improved client-centred service; implementation of role recovery; construction of forensic/corrections facilities; recruitment and retention of staff; and client and staff satisfaction surveys. These initiatives are influenced by internal and external factors and it will be essential for clients, staff and management to use the strategic plan as a guide to make effective decisions.

The Psychiatric Facilities Review Board, identified several major issues in the delivery of forensic mental health that need to be addressed. The Psychiatric Facilities Review Board identified the following major concerns in its 1998-99 Annual Review:

- Lack of provision of legal aid services for indigent mental health consumers.
- Patient transfer - there are situations wherein a patient being treated on an outpatient basis at a particular psychiatric institution is sent to another institution when inpatient services are required. This interferes with the continuity of care and having different catchment boundaries for inpatient and outpatient services makes no sense.
- The degree of freedom granted to patients detained under civil commitment varies widely from institution to institution. Province wide guidelines need to be developed in this area.
- The board is increasingly concerned about the apparent lack of resources in the area of community services. There seems to have been a noticeable decline in the availability of appropriate community living placements. The situation is particularly acute for those consumers requiring appropriately supervised living situations. This has led to bed blockage and over crowding in long term care and acute facilities. The problem is being handled by psychiatrists seeking adult protection orders, which place the consumer under the rubric of the Department of Community Services, and is hoped, ensuring that suitable accommodation is found. However these orders also have the potential of interference with freedom of the individual.

The Board recommended:

- For the situation of mental health consumers to improve overall, increased funding for the Department of Community Services is required so that quality living conditions can be made available.
  - The Department of Community Services must expand its network of small options settings, and the living options offered must be tailored to meet the differing needs of mental health consumers.
  - There should also be increased co-operation between the Departments of Health and community Services to ensure that patients are not caught in a gap between the two Departments.
  - Programs such as the Nova Scotia Hospital SCOT (Supportive Community Outreach Team) which provides voluntary services to individuals with severe mental health problems who are living in the community, should be developed and expanded throughout the province.

In summary while there have been major problems in the delivery of forensic mental health services, by making it a priority, the government has made major advances in this area. Many of the issues and recommendations from the various reports and inquiries have been, or are being addressed and implemented. However, the lack of community mental health services especially housing options continues to be a major concern that needs to addressed.

Psychogeriatric Services

Although geriatrics were noted as being an under-serviced population group with respect to mental health services the most recent reports addressing this area date back as far as 1993. At this time a Joint Psychogeriatric Task Force recommended principles to guide planning and implementation of psychogeriatric care in the Halifax Health region. They recommended that one Psychogeriatric Program Authority be established to guide and recommend policy and provide program direction for specialised psychogeriatric services in all settings. The Authority would also provide vision and direction for an integrated community-institution program.

Conclusions

While the policy framework for mental health system reform has been widely accepted and has been in place since 1994, implementation of the major principles of the Consumer Support Model into the mental health delivery system has been slow. Review of the documents indicates that there is still a wide gap between the Consumer Support Model and the existing system of mental health care.

The major issues raised by the stakeholders concerning the delivery of mental health services in Nova Scotia focussed on:

- the need for increased consumer participation in the decision making process, planning, evaluation and delivery of mental health care.
- the provision of a full-range of mental health services and supports in the community, especially the provision of appropriate housing.

- better communication and co-ordination of services between government departments, mental health providers, community agencies, and consumers.
- the need for additional funding to provide the necessary community resources to allow mental health consumers to be fully integrated into the community and to provide continuity of care.
- The need for recruitment and retention of mental health care professionals, especially psychiatrists.
- An overall lack of resources to meet the mental health needs of children and adolescents.

More effective measures need to be taken to address these issues if true mental health reform is to become a reality.

ATTACHMENT 1

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SECTION I: Policy and Government Documents

1. **Review of Best Practices in Mental Health Service Delivery** by Health Systems Research Unit, Clarke Institute of Psychiatry, September, 1996.

This document is a literature review of current research on the delivery of mental health services. The purpose of the review was to summarise the evidence that is most relevant to the reform of the mental health system and to guide the reader to other reviews and resources. The review focuses on services and strategies at the program and system level to help answer the question how best to organise programs and systems within which efficacious clinical interventions and treatments can be provided.

The review is divided into two parts. The first part is concerned with the development of effective services and supports that are components of a comprehensive community support system. It provides information that should help decision making about the different elements of care that should be in place in each local community.

The second part looks at the system-wide strategies that are used to create the necessary conditions and incentives to foster the widespread implementation of the effective services and supports identified in part one. Policy, governance, funding mechanisms, evaluation and human resource strategies are discussed and how they can be used as tools of change.

Major Findings

- Case management has gained in acceptance and prominence becoming a critical ingredient in a community focused mental health system.
- Crisis response (*e.g.*, telephone and walk-in services, mobile outreach, residential supports) is a key element of a reformed mental health care system that seeks to avoid unnecessary hospitalisation and improve the quality of life for those with severe mental health problems.
- Enough evidence exists showing that community based care is equally or more effective than long term care in inpatient facilities.
- There is no one kind of housing that can effectively meet the needs of all long term mental patients and a full array of housing options is needed.
- There seems to be general support in the research for shorter inpatient stays. However, the effectiveness of short inpatient stays rests heavily on the availability of community based care and support. And the linkages between these services and inpatient units.
- Current research suggests that self-help, in its broadest form, should be part of any mental health reform strategy.
- Programs aimed at placing individuals more quickly into actual jobs and providing flexible levels of support for longer periods of time are promising new developments.
- Government policy statements are important documents that set the course for mental health reform.
- Legislation may be an under used reform strategy in Canada.
- The mental health system spends a disproportionate amount of resources on institutional care.
- Integrating funding streams (single envelope funding) is a necessary condition for achieving progress in mental health.
- The benefit of having a combined funding envelope is most fully realised if a single body or authority is responsible for organising services and dispensing funds in a defined area.
- Allocating mental health resources on the basis of need should lead to a more equitable and appropriate reimbursement.
- Better technical tools are needed to support implementation of these various alternate funding approaches.

- Increased attention to the evaluation of performance at all levels is needed. There is need for well specified conceptual models as a basis for all evaluations.
- Attention to human resources in preparation for mental health reform is essential to its successful implementation. Re-deployment strategies and training frameworks are the key elements of human resource planning.

2. **Strong Leadership... A Clear Course** by The Progressive Conservative, Nova Scotia.

This document outlines the Progressive Conservatives platform and Policies for Nova Scotia. The following platforms and policies are relevant to the mental health system:

- A PC government is committed to ensuring healthcare resources are directed by real, measurable evidence.
- Establishing appropriate criteria for determining the number of beds necessary to provide adequate level of hospital and nursing home care in each community.
- In partnership with health care providers, immediately undertake a comprehensive assessment of all health care facilities in order to ensure that Nova Scotians are receiving the right kind of care in the appropriate facility.
- Mandate the Provincial Health Council to hold province wide public consultations to develop a list of core clinical services that must be provided at the community, regional and provincial levels and to develop a patient's bill of rights for approval by the government.
- Mandate the Provincial Health Council to review and make recommendations on standards for the delivery of services and to report its findings publicly.
- Establish a core committee of government and non-government representatives to review and oversee all aspects of the health care system (including mental health) and to regularly comment on the potential impact of proposed policy and program changes. This committee will be responsible for submitting an annual report to the legislature.
- Require that home care be co-ordinated through hospitals, with staff dedicated to ensuring that an authorised home recovery plan is in place for all Nova Scotians who need care following hospital discharge.
- Undertake a comprehensive review of the delivery of mental health services, particularly as they relate to child and adolescent mental health.
- Commit $2 million towards efforts to reduce assessment wait-times and to provide early treatment for children believed to have Autism or Pervasive Developmental delay.

3. **A Vision of the Future.** The Report of the Working Group on Mental Health, November 1992. Nova Scotia, Department of Health.

The Group's purpose was to develop a new mental health strategy for Nova Scotia. The document provides a broader definition of mental health in which the importance of external factors, such as social, physical, economic, and spiritual factors, *etc.*, affect a person's mental well being, are considered. It also provides a vision of a mental health system, which focuses on the individual consumer and in which the community (providers, family, friends, peers, support groups) provide the supportive environment in which consumers can attain optimal level of mental health.

Key Directions:

1. Consumer as the Centre of the System

Consumers must:

- be empowered to make decisions about their own care
- be given the opportunity to participate in planning and managing programs
- be recognised for their role and abilities in providing services

- have representatives on mental health boards as well as in ongoing evaluations of mental health programs and services.
- be given the opportunity to participate in education programs in health care facilities, schools, workplaces, *etc.*
- consumers should be provided with educational opportunities to enable them to assume a broader role in policy and planning.
- Consumer Action Centres considered a specific way to encourage the development of a more specific consumer centred system for proposed Regional Mental Health Boards.

2. Community Outreach

(which includes everything from treatment to education) should make it easier for consumers to stay in their local area by offering increased treatment, support and education programs to the community.

- Treatment outreach
- Support outreach
- Outreach in schools
- Outreach in the workplace

3. Mental Health Promotion

Government must fund activities to promote mental health and prevent illnesses in the same way it provides resources for treatment.

4. Research and Evaluation

Research attempts to develop our knowledge further, and evaluation to assess whether our interventions are achieving the intended results. Government should set aside funds specifically for demonstration pilot projects recommended by Regional Mental Health Boards.

5. Regionalisation

The Government must establish, and then support and maintain, Regional Mental Health Boards. These boards will be responsible for planning mental health services and facilitating evaluation of mental health care on a regional and provincial basis.

6. Co-ordination of Service Delivery

Co-ordinated care should become more formalised. Since mental health care consumers may have other health problems co-ordinated care provides a context in which to deal with mental health issues as part of overall consumer care. There must be increased networking between various agencies, organisations and professional associations. The networking must occur at three levels:

- individuals in the care team
- the care team with other government sectors and local agencies providing services
- consumers and provides must become better informed about local agencies and organisations.

The Working Group recommended the appointment of case co-ordinators for those with long-term illnesses and multi-service needs and that each health region must have appropriate crisis services available on a 24-hour-a-day basis. This will require new resources and training for crisis intervention personnel.

7. Human Resources

The government must provide funding for additional numbers of providers, both formal and informal. Government needs to put energy into further development of recruitment and retention mechanisms. Recruitment efforts should be designed not only to increase the number of providers overall but also to increase the numbers of providers specialising in the treatment of different mental illnesses.

8. Government Leadership & Policy Implementation
In order to achieve the Vision of the Future Mental Health System Government must:

- establish policies
- change its planning an budgeting process
- increase development of research and evaluation procedures
- provide a focus on education
- establish Regional Mental Health boards and support their goal of enhancing citizen participation in mental health.

9. Fiscal Environment
Working Group recommends that an additional 2% of the annual general health budget be directed to mental health services in order to increase the number of providers and services that the public needs and is demanding.

4. **Mental Health Consensus Conference**, April, 1993.

The purpose of this conference was to determine whether an initial consensus on how the goals of the Working Group, as identified in the report "A Vision of the Future", could be implemented. A large volume of ideas were presented at the conference and there was initial consensus on many of the actions that need to be taken to implement the vision of the Working Group.

5. **Nova Scotia's Blueprint for Health System Reform**, April 1994.

Mental Health Reform

Real mental health reform means more than integrating services; it means fully integrating people with mental health problems into their communities.

An overall provincial policy framework should be established to guide mental health reform. Specifically, Nova Scotia should adopt a Community Support Model. This will provide access to a more comprehensive range of mental health program and services than currently exists.

The Community Support Model builds on resources in the community and involves consumers, providers, families, friends and volunteers in panning and delivering services. It focuses more on people than on services, more on communities than on institutions, and more on the consequences of mental illness than on the diagnosis. It acknowledges that people with mental health problems need access to more than treatment services; they need access to housing, education, income and work It must be understood that the stigma of metal illness very often prevents people from accessing needed services. Much more public education is needed to address this issue.

The new policy framework should provide consumer-centered and community-based services that are:

- *focused in the* community: a cross section of the community including consumers and families have direct input into the planning development, ongoing operation and evaluation of services;
- *comprehensive*: a range of services is be available to meet diverse needs;
- *individualized:* care is planned with the individual and directed toward enhancing participation in community life;
- *accessible:* services need to be available to those most in need;

- *coordinated:* there is continuity of care and integration takes place at the client, program and system levels
- *supportive of natural and informal supports:* self-help approaches and natural support systems are essential to maintain mental health and to treat mental illness; and
- *effective:* services are evaluated in relation to their effects on quality of life, as well as outcome measures.

The reformed health care system should help people with mental health problems become fully-functioning, fully-integrated members of society by:

- establishing policies based on the new community support model that shift a portion of mental health resources from institutions to fund community support services. The integrating framework for this model is community-based primary health care;
- funding mental health services as a "core" program to ensure an acceptable level of service at the community, regional and provincial levels. There are four essential support systems that need priority development: case management, crisis intervention, housing supports and consumer/survivor services;
- integrating all sources of provincial funding for mental health services (e.g. Community Services, Housing and Health) into one envelope to be administered by the CHB;
- planning and coordinating institutional and regional mental health services at the regional level by the Regional Health Board.
- provincial programs should be planned by the Provincial Programs Advisory Committee.
- At all levels, mental health advisory committees should be established to support the work of CHBs, RHBs, and PPAC.

Within this framework, people with severe mental illness, children and adolescents with emotional or behavioral problems and families at risk should be given priority when developing programs and allocating funds. The importance of early risk identification and referral of children and adolescents so mental health problems are prevented or interrupted cannot be overstated.

To do this, a broad base of community services must be developed to support children and adolescents, recognizing their unique biological, emotional, developmental and social needs and strengthening the capacities of families to provide for them. This will require:

- parent education and support programs for at risk children, youth and families
- public policies that support families and communities early and ongoing screening and referral for children at risk
- educators and child care agencies that provide good mental health education
- development of consumer support, self-help and peer support program
- education of primary health providers, educators, and day care providers in the early identification and support of high risk children.

Presently, the vast majority of resources directed toward mental health are spent on institutional services, even though better mental health outcomes and greater value for money can often be achieved through community support services. These services should be funded.

For the community support model to be successful, the reformed system must support informal caregivers who play such a vital role in community-based mental health services. Without adequate and organized support for the informal caregivers, the shift from institution to community will not be possible and a traditionally undervalued part of health service delivery will be overburdened.

6. Mental Health Regional Core Programs, Department of Health, January, 2000.

This document lists and describes the six mental health regional core programs. The programs described are :

Mental health promotion, advocacy, education, and prevention program
Adult inpatient program
Adult outpatient and outreach mental health program
Child and youth mental health program
Community Mental health supports program
Speciality programs

7. Community Mental Health Supports for Adults; Charter Document. November, 1999.

This document outlines the strategic directions for the development of a community mental health supports system to consumers with severe and persistent mental illness. Such services include outpatient and outreach services, in-patient, crisis response and emergency services. The strategic directions include:

- Reformed Service System: To appropriately design and deliver services, opportunities must be available to enable meaningful consumer participation at all levels of decision making. The reformed system consists of community based services and supports that emphasise the potential of individuals. There are numerous modalities for the delivery of these support and services including case management, assertive community treatment, consumer or family initiatives, clubhouses, and inter-sectoral collaboration.
- Consumer and Family Capacity Development (Initiatives): consumers have the capacity to do many things for themselves and each other given the proper resources. Recent provincial health planning documents emphasise consumer participation and capacity building as priority building blocks for a strategy to enhance the quality of life of mental health consumers. Consumer and family initiatives enhance the capacity of individuals and the community to effect the health status of persons with severe and persistent mental illnesses.
- Equality Strategies that Promote Integration: Through the efforts of both the mental health system and consumer and family initiatives, bridges to the community will be built. Advocacy efforts will be directed to the community at large so that all opportunities are accessible to persons with metal health disabilities.

Evaluation, research and outcomes are considered a critical component of the system. The importance of developing creative partnerships with key stakeholders is emphasized in order to develop more comprehensive outcome information. The following implementation strategies are outlined:

- Priority be given to consumer and family initiatives.
- Training and development opportunities be made available
- Strategic investments be made in the community Mental Health supports for adults program *e.g.*, supported housing, assertive community treatment, consumer initiatives.
- Research and evaluation activities continue to build the Knowledge Resource Base.
- Evidence based service development requires the ongoing expansion of a provincial information system which captures information beyond service provision (*e.g.*, report cards and satisfaction surveys)
- Consideration should be given to a project for capturing baseline data and ongoing monitoring of the population health of persons with severe and persistent mental illness.

8. External Review of the Nova Scotia Mental Health Steering Committee's Documents on Community Mental Health Supports for Adults (November 1998 and March 1999) by John Trainor, July, 1999.

The *Report on Community Mental Health Supports for Adults: Standards Document* is part of a mental health policy reform initiative being carried out by the Nova Scotia Department of Health. The report and its companion document *Community Mental Health Supports for Adults: Interim Report* focus on the community dimension of mental health reform. The purpose of this external review was to provide feedback in the following areas:

1. consistency with best practices and available evidence
2. support for a paradigm shift from rehabilitation to community inclusion and citizenship
3. implementation issues and strategies for a new and enhanced core program area
4. the role of consumers

The following comments/recommendations were made:

- That the Steering Committee consider including an Early Intervention program.
- That the 'Toolkit' developed by the International Association of Psychosocial Rehabilitation Services (IAPSRS) be explored as a way of evaluating community programs
- It will be important to recognize the goals and aspirations of consumers while still recognizing the importance of rehabilitation and treatment services in policy development.
- Social support and leisure activity programs are an example of current models that need to support inclusion *e.g.* the Clubhouse Model. The key of having social support and leisure-activity programs support inclusion, lies in consumer participation and control.
- The move to a citizenship-centered policy model requires an approach to measuring the foundations of life in the community – Are people with serious mental illness getting an adequate income? Are they decently housed? Are they able to work or have meaningful activity? Are they getting access to colleges and universities? Several suggestions for measuring these foundations are discussed.
- Important changes can be made to existing programs without incurring additional costs *e.g.* Putting in place new approaches to housing regulation can change custodial housing models by encouraging operators to offer flexible support. Creating standards for consumer participation can begin to shape programs towards supporting clients in the area they find most important. Funding consumer initiatives, will contribute to bed reductions and create an infrastructure of organizations to support high levels of participation.
- Regional administrative authorities and single-envelope funding are two building blocks of reform. In addition a clear mandate for regional authorities is needed in order to implement reform.

The author concludes that the Nova Scotia Mental Health Steering Committee has outlined an ambitious and forward looking community strategy. The work being done in Nova Scotia is essential to putting in place the programs and organizational models that can help realize a better future.

9. Mental Health Services, briefing notes, June, 1998

This document is an outline of the Mental Health system but provides very few details. The notes provide a brief history of the mental health system in Nova Scotia, facts and statistics on mental health indicating the increase in child and youth suicide rates, it lists the tenants of an ideal mental health system which include: the consumer as the centre of the system, community outreach, mental health promotion, research and evaluation, and co-ordinated care in service delivery. The following issues are listed:

- The continuum of care gaps
- Mental Health Human resources - recruitment and retention, public *vs.* private, *etc.*

- Under serviced populations- children and youth, geriatrics, long-term chronically ill, dual disorders and sex offenders.
- Drug programs and expensive atypical drugs
- Development of community based services
- Evaluation/research/information needs
- Regional-Department of Health relations

10. Mental Health Steering Committee for the Implementation of the Mental Health Section's Operational Plan. August,1997.

This document includes the Terms of Reference for the Mental Health Steering committee and its three sub-committees. The Steering Committee reports to the Director of Mental Health Section, and oversees the activities of the three sub-committees on mental health rehabilitation, mental health services for children and youth and Adult inpatient Program. The major objectives of the Steering Committee are to develop a new mental health policy framework, develop standards and evaluation mechanisms and to facilitate communication between regions and the Department of Health.

11. Memorandum Re: Background and Developments in Mental Health Services by Department of Health, May, 1999.

This document provides a broad background of the mental health service program area in Nova Scotia and provides details on government projects underway.

12. Future Direction of the Health Care System.....establishing District Health Authorities by Nova Scotia Department of Health, November, 1999.

On October 21, 1999, the Department of Health announced that governance of the four Regional Health Boards would be transferred to the Department immediately. This is the Government of Nova Scotia's first step towards establishing a more community responsive health care system that will see nine District Health Authorities (DHA"S) established in the province. DHA's will be smaller than RHB's and will have formal links with Community Health Boards.

Two-thirds of the DHA membership will be selected by the Community Health Boards through a community based process that is open to the public.

The DHA's will be responsible for coordinating the relationships of patients, clients, providers, and organizations. They will help patients and clients navigate the system to receive easier access to effective quality service provided by the right care giver, in the most appropriate location, in a cost effective manner.

The process that will guide the transition to the new structure is included in the document. Structural and delivery changes will be implemented in a manner that ensures quality patient care, continuity of health care delivery, minimal disruption for health board employees, involvement of staff and health care providers at all levels of the health care system and retention of current efficiencies gained in the regional system.

13. Home Care Nova Scotia Mental Health Working Group: Interim Report by The Home Care Mental Health Working Group, April, 1999.

The Home Care Mental Health Working Group was established in 1997 to make recommendations for implementation strategies for providing existing home care services to mental health consumers.

This interim report provides insight into the direction and recommendations of the Working Group It will form the basis of the final report.

Recommendations

1) The working Group recommends that all home care staff be provided with education and training so that they are comfortable in meeting the home care needs of mental health consumers. An education and training framework is being developed.
2) The Directors of Home Care in the regions are currently reviewing the revised Priority Intake Tool used to screen, assess and identify needs of individuals at intake., and will make recommendations on province-wide implementation.
3) That regional teams be established to implement the provision of home care services to mental health consumers.
4) That more input be sought from mental health consumers

14. Population by Mental Health Service Area, March, 1993

This document provides outpatient and inpatient population by gender for each mental health service area.

15. Mental Health Personnel by Region

This document provides information on mental health personnel by region, mental health budgets for each region and provides tables listing all the mental health services available in each region. The following issues by region were also listed in the document:

Eastern Region
- Organisational structure and programming
- Psychiatry recruitment
- Relationship with the Cape Breton Healthcare complex for equitable service delivery

Northern Region
- Under funding of services
- External review of inpatient services
- Loss of two psychiatrists from Aberdeen, recruitment and lack of regional psychiatric direction

Western Region
- Governance of Beacon Program
- External review of Yarmouth Region Program
- Manpower difficulties in psychiatry
- Regional accreditation process in Fall, 1999

Nova Scotia Hospital - Central Region
- Closure of 10 acute care beds due to nursing shortage
- Role study of provincial Psychiatric facility
- Recruitment and retention of psychiatrists
- Relationship with Central region

IWK Grace Health Centre - Central Region

- Regional access to provincial beds
- No elective missions
- Residential treatment options
- Psychiatric recruitment and retention

QEII Health Sciences Centre - Central Region

- Relationship and jurisdiction with the central region mental health program
- Integration of Psychogeriatric Services with the Nova Scotia Hospital
- Contracted Services with the Department of Psychiatry, Dalhousie University

Central Region

- Co-ordination with central Region Mental Health Program
- Integration of Public Health, Drug dependency and Mental Health Services

Cape Breton Healthcare Complex Eastern area

- Psychiatric recruitment and retention
- Relationship with eastern regional health board
- Need for rehabilitation and psychogeriatric programming

SECTION II: Children's Mental Health Services

16. A New Step Forward: Improving Mental Health Services for Children and Youth in Nova Scotia, Provincial Review Report, September, 1998.

This review was initiated jointly by the Departments of Health, and Community Services. The objectives of the review were:

1. Identify the extent of co-operative service delivery.
2. Collect and compile information demonstrating present and future needs for easily accessible co-operative service delivery.
3. Recommend strategies for more integrated service delivery. and
4. Identify present and desired incentives to support ongoing improvements to co-operative service delivery.

The review identified the following issues in the provision of mental health services to children and youth:

- The continuum of care is incomplete. A key example was the inability of existing service delivery systems to respond adequately to the needs of 16-19 year olds.
- There is a lack of common understanding about what constitutes "mental health services".
- There is a strong need for generic mental health services at the primary care level for families or persons who may not have a diagnosable mental illness but who still require professional intervention and support.
- There is an overall lack of resources both fiscal and human to meet the mental health needs of children and youth.(see p.11 sidebar for specifics).
- The perceived inequity in rural versus urban service delivery, regional variations in resource allocation, recruitment and retention of trained staff in more remote areas and the provision of necessary services were identified as persistent difficulties.
- The role of provincial facilities and access to specialised services that are unavailable in regions were often raised as a concern. Reduced accessibility to highly specialised expertise for assessment, consultation, and treatment outside the Central region was identified by service providers in the three other regions as a serious service gap.
- An ongoing critical shortage of residential placement options for children and youth that require medium and long term treatment.
- Formal mental health services were described as focusing too narrowly on the assessment and treatment of psychiatric disorders and as being unable to provide the services that Community Services, Education, Justice, and Drug Dependency saw as needed and where mental health practitioners were recognised to have expertise.
- The apparent lack of co-ordination between mental health services and services offered by other departments or private practitioners.
- Co-operation among government departments needs to be enhanced. Difficulties were identified in accessing services from other agencies or departments. Collaborative programming was difficult because of guarded autonomy and independence of departments.
- The need to develop and use a common glossary of terms was seen to be an important consideration in improving inter-departmental communication and co-operation.

T provincial committee development specific goals and recommendations based upon the c ultation process. The recommendations are grouped under six main themes: leadership st ctures, continuum of services, standards and evaluation, collaboration, access, and resources.

17. **Response to "A new Step Forward"** from the Children and Youth Action Committee (CAYAC), June, 1999.

CAYAC is a body which comprises senior officials of the Departments of Health, Community Services, Justice, Education and Culture and the Youth Secretariat and the Sport and Recreation Commission. This group meets regularly to establish joint priorities to co-ordinate approaches to inter-departmental initiatives and to evaluate outcomes for children and youth.

CAYAC reviewed "A New Step Forward" and identified initiatives presently underway which are consistent with the recommendations of the report and issues which will need to be addressed over time. These initiatives and issues, however, are not discussed in this document.

CAYAC also identified four key issues from the report to be acted upon immediately and provided an action plan for responding to theses four key issues which are:

a) The need for interdepartmental co-ordination and harmonisation of services when more than one department is involved.
b) The need for earlier identification of risk factors and more timely intervention when these factors are identified.
c) The need to re-examine and possibly realign responsibilities assigned to each department with respect to children and youth with severely disruptive behaviour.
d) Changes in the delivery of mental health services has major ramifications for regional stakeholders. In order to be successful, these stakeholders need to be engaged and their efforts co-ordinated.

SECTION III: Psychogeriatric Services

18. **Metropolitan Psychogeriatric Services**, Joint MHAC/MMHC Psychogeriatric Task Force. June, 1993.

The Task Force sees psychogeriatric services being delivered primarily in the community setting, with the use of hospital and long-term care services as back-up to provide care which cannot appropriately, or economically, be delivered in the community. Consumer assessment would take place in the home if possible, or secondarily in an ambulatory care setting. Consumers would be admitted to hospitals or would enter long-term care facilities only when community care in no longer appropriate. Psychogeriatric services would have a strong community orientation, but would be closely linked to home care long-term care and hospital services.

Summary of recommendations:

The Task Force recommended principles that should guide planning and implementation of psychogeriatric care in the Halifax Health Region. These principles focus on consumer independence, provision of community support, co-operation and collaboration between providers and community services and access to information and education.
A philosophy of care has been developed which outlines the roles of primary, secondary, and tertiary care services. Psychogeriatric services will encompass both secondary and tertiary care services. They will provide back-up services to primary care teams and will provide expert back-up to secondary health teams and specialists. Psychogeriatric services will also provide expert back-up and support services to other care providers. Psychogeriatric services must develop a close working relationship with geriatric services. They recommend that there be one Psychogeriatric Program Authority in the Halifax Health Region which would recommend policy and provide program direction for specialized Psychogeriatric services in all settings. The Authority would also provide vision and direction for the integrated community-institution program. Consumers will flow from home to long term care to hospital and back based upon their needs. The Task Force recommend that the population be defined as those consumers age 65 and over with mental health problems who can not be adequately cared for by the primary and secondary health care teams. It also includes people less than 65 with organic mental disorders usually found in those over age 65.

19. **Metropolitan Psychogeriatric Services Final Report,** The Joint MHAC/ Psychogeriatrics Task Force, May, 1993.

This report contains much of the same information outlined in the June, 1993 report (see previous summary) The vision of the Task Force is that the majority of elderly mentally ill will live at home. Care will be provided by family, friends, community workers, and the primary health care team. When care in the home is no longer appropriate, the elderly mentally ill will be placed in a suitable long term care setting. Sixteen recommendations are made. The recommendations are grouped under the following headings:

- Principles
- Philosophy of care
- Access and program direction
- Hospital role guidelines
- Consumer care co-ordination
- Administration and planning
- Education, training and legal issues
- Evaluation of service

SECTION IV: Forensic Mental Health Services

20. Psychiatric Facilities Review Board, Annual Report April 1,1998. March 31,1999.

Psychiatric Facilities Review Board is appointed under the mental health provisions of the Hospitals Act of Nova Scotia. Its primary responsibilities are to review the decision of the treating psychiatrist that a person in a psychiatric facility should be held under 'formal' status and that a person is not capable of consenting to treatment. The Board is also authorised to make recommendations as to the treatment, care or placement of a patient. The report is divided into four parts. Only Part IV is of interest for this project. Part IV identifies issues of serious concern to the Board. The major issues raised by the Board are as follows:

- Lack of provision of legal aid services for indigent mental health consumers.
- Patient transfer- there are situations wherein a patient being treated on an outpatient basis at a particular psychiatric institution is sent to another institution when inpatient services are required. This interferes with the continuity of care and having different catchment boundaries for inpatient and outpatient services makes no sense.
- The degree of freedom granted to patients detained under civil commitment varies widely from institution to institution. Province wide guidelines need to be developed in this area.
- The board is increasingly concerned about the apparent lack of resources in the area of community services. There seems to have been a noticeable decline in the availability of appropriate community living placements. The situation is particularly acute for those consumers requiring appropriately supervised living situations. This has led to bed blockage and over crowding in long term care and acute facilities. The problem is being handled by psychiatrists seeking adult protection orders which place the consumer under the rubric of the Department of Community Services, and is hoped, ensuring that suitable accommodation is found. However these orders also have the potential of interference with freedom of the individual.
- For the situation of mental health consumers to improve overall, increased funding for the Department of Community Services is required so that quality living conditions can be made available.
- The Department of Community Services must expand its network of small options settings, and the living options offered must be tailored to meet the differing needs of mental health consumers.
- There should also be increased co-operation between the Departments of Health and community Services to ensure that patients are not caught in a gap between the two Departments.
- Programs such as the Nova Scotia Hospital SCOT (Supportive Community Outreach Team) which provides voluntary services to individuals with severe mental health problems who are living in the community, should be developed and expanded throughout the province.

21. Fatality Inquiry of Richard Albert Clarke. July, 1998.

Of particular interest are the recommendations that resulted from this inquiry they are as follows:

- That the Minister of Community Services provide an appropriate facility or facilities which would address the need for long term small option placements especially for the young.
- That the joint Committee on Forensic Services establish a protocol which would address the issue of mental health care for persons under arrest who have known or apparent mental illness.
- That the Joint Committee on Forensic Services develop a protocol to facilitate the transfer of information as previously recommended by the Legge Inquiry.
- The Minister of Justice cause the fatality Inquiry Act to be reviewed and if thought appropriate, provide guidelines to assist in determining under what circumstances an inquiry ought to be called.

- The benefits of making quality drug interactions computer programs mandatory in hospitals should be considered.
- The Minister of Justice inquire into the situation ensuring effective institutional review is safeguarded when balanced against interests external to the institution.

22. Presentation to the Cabinet Committee on Policy and Planning by the Implementation Committee to deal with the recommendations arising from the John A. Legge fatality inquiry. October, 1990.

The salient recommendations from this report are:

a) if bail is denied to accused who is suffering from a mental illness the court may recommend the accused person be provided with appropriate psychiatric assessment and treatment.
b) persons denied bail and remanded in custody to a correctional facility may be provided psychiatric care within the correctional facility, on an out-patient basis, or on an in-patient basis in a secure facility.
c) if bail is granted to an accused person and the court is concerned about the mental state of the accused the accused must agree to submit to assessment and treatment as a condition to release and disclosure to the authorities by the treating professional or institution of any failure of the accused to abide by the prescribed treatment.
d) an office (within either the Department of the Solicitor General, or the Department of the Attorney General) should be designated to monitor accused persons falling under section a) or c) above.
e) the Government should establish a committee to meet at least annually to review implementation of these recommendations.
f) There should be greater information between the Court to the Forensic Unit of the Nova Scotia Hospital at the time of any remand on the issue of fitness to stand trial.
g) the Committee encourages the Government to commit necessary resources for an expanded forensic facility.

23. Forensic Report by Joint Committee on Forensic Services, October, 1997

In February, 1992 Bill C-30, An Act to Amend the Criminal Code (mental disorder), was proclaimed. The amendments significantly affected law relating to assessment, treatment and disposition of mentally disordered persons charged with a crime, including persons considered to be unfit to stand trial or pleading insanity.

The changes to the criminal code exacerbated some of the pre-existing issues with respect to scarce resources, lack of co-ordination and communication between departments and agencies. The criminal code amendments precipitated a substantial shift in the way the systems responded to individuals suffering from mental illness who came into contact with the law.

In January, 1997 a Joint Committee on Forensic Services was established. The mandate of this committee was twofold firstly, to review the process used in the administration of Part XX.1 of the criminal code, to identify recommendations and develop protocols required to address issues of public safety and a co-ordinated forensic services system. Secondly, to oversee the development and implementation of an integrated and co-ordinated forensic service system for adults and young offenders. The Committee reported to the Deputy Ministers of Health, Justice and Director of Public Prosecutions. The issues identified by the joint committee and their recommendations to address each issue are contained in section three of their report. The report grouped issues and recommendations under the following headings- Assessment, Disposition, role of the Criminal Code Review Board, and the role of various government departments.

The following issues and recommendations relate directly to the delivery of mental health services:

- There is a significant gap in the availability of facilities for the mentally ill and criminally responsible offender. **Recommendation 3:** A treatment facility is required to provide custody for mentally ill offenders.
- Accused on bail after found fit to stand trial are often released into the community with no follow-up. **Recommendation 4:** Development of protocols are required.
- Options for individuals chronically unfit to stand trial are not currently available. **Recommendation 8:** A range of community options for chronically unfit in addition to the Nova Scotia hospital needs to be developed; *i.e.* quarter way houses, group homes *etc.* Develop criteria with respect to risk management for long term untreatable mentally ill who are deemed unfit.
- There are major unresolved issues and problems with respect to transportation of individuals under remand from hospitals to appointments outside hospitals. **Recommendation 20:** Develop protocols for transporting remands for health care and other appointments.
- The regional mental health service providers and private practicing clinicians do not accept responsibility or accountability to Criminal Code Review Board (CCRB) or to the courts. **Recommendation 21:** A core program for forensic clients referred by the Provincial Forensic Psychiatric Service (PFPS) should be available in all regions at a standard established by the PFPS.
- Mentally ill offenders do not obtain adequate service. **Recommendation 23:** The Department of Health and Justice collaboratively recommend a mentally ill offender unit through the Correction Configuration Project.
- Nova Scotia is without a remand facility adequate to attend to the needs of the mentally ill. Nova Scotia has inadequate facilities for maintaining NCR's within the province. **Recommendation 25:** the development of a mentally ill offender unit is recommended in a co-located facility. A replacement custom designed forensic facility adequate to house medium to maximum security is required.
- There is no secure designated health facilities for remanding young offenders for assessment nor any secure facilities for NCR young offenders. **Recommendation 26:** Develop a protocol between DOH,DOJ,DCS,IWK/ Grace and PFPS that will outline how to provide custody in secure options for young offenders. In co-operation with Department of Community Services ensure there is access to secure beds for NCR in community as well as for inpatient treatments.

24. Summary Report on status of recommendations of Joint Forensic Report by Department of Health, March, 2000.

The response to the Joint Forensic Report's twenty-seven recommendations by the government of Nova Scotia is summarized in this document. The status of the recommendations highlighted above are included below:

- Recommendation 3 Treatment facility for mentally ill offender- A mentally ill offender unit has been included in the new COR/FOR project.
- Recommendation 4 Accused on bail often released with no follow-up: It is recommended that all assessments be done by the PFPS and they can be managed through an outpatient appointment.
- Recommendation 8 Placement options: A transition program has been developed, however, additional community options need to be addressed. **Community placement is a major concern for NCR patients and less for those unfit to stand trial. Patients remain in hospital for longer than perceived necessary. To be addressed following the Mental Health Review.**
- Recommendation 20 transportation: A contract has been arranged between the Sheriff's department and the provincial Forensic service to transport remands for health care and other appointments.

- Recommendation 21 Regional mental health service providers and private practicing clinicians: PFPS continues to work with regions in collaboration with the Department of health to develop program standards.
- Recommendation 23 mentally ill offenders: Planning is underway to replace the Halifax Correctional Centre and the provincial forensic service . New facilities will include a mentally ill unit.
- Recommendation 25 Development of a mentally ill offender unit. This unit is currently under development.
- Recommendation 26 No secure designated health facilities for remanding young offenders: A protocol has been developed between the IWK and Nova Scotia Youth Centre for providing assessments for NCR's. A new mental health program was commenced and is to be operated in the Young Offender facility in the western region.

25. Provincial Forensic Psychiatry Service Setting Strategic Directions into the New Millennium. by Provincial Forensic Psychiatry Services (PFPS), January, 2000.

The PFPS's mandate is to enable persons with psychiatric disabilities who have been in conflict with the law to improve their functioning so that they can be successful and satisfied in the roles and environments of their choice with a balance between professional intervention and community support that assures the safety and security of clients, staff and the community.

This document is divided into three parts:

- Vision, mission and values
- Overview of strategic goals
- Goals, tasks, leads, measures of success and work completed.

Initiatives focus on improved client-centered service; implementation of role recovery; construction of forensic/corrections facilities; recruitment and retention of staff; and client and staff satisfaction surveys. These initiatives are influenced by internal and external factors and it will be essential for clients, staff and management to use the strategic plan as a guide to make effective decisions.

SECTION V: Regional Mental Health Services

Province-Wide

26. Minister's Task Force on Regionalized Health Care in Nova Scotia. Final Report and Recommendations (Re: Mental Health Services) July, 1999.

In its review of mental health services the Task Force found serious gaps in the services. There are insufficient resources in place to address mental health, especially regarding adolescents and children. Services are fragmented and patient overload is a problem. Consumers and health care providers advocate strongly for a provincial vision, leadership and accountability for sustainable mental health services.

An example of fragmentation is the lack of integration between mental health and addiction services. Mental health and addiction problems are inextricably intertwined.

To address these concerns the Task Force recommended that a Mental health Commission be established with a mandate to plan, develop and oversee province-wide, integrated mental health services.

The Task Force believes that the role of the Nova Scotia hospital inside the mental health system needs to be clarified in terms of its relationships with the regionally delivered mental health system. The Task Force recommends that the Nova Scotia Hospital no longer maintain the status of a Non-Designated Organization and be brought under the governance and administration of the regionalized health care system through the establishment of the proposed provincial Mental Health Commission.

Central Region

27. Model for Service Delivery, Central Region Mental Health, February 1998.

The project to design a comprehensive Mental Health Plan for the Central Region originated with the recognition that a number of significant difficulties exist with the present 'system. The planning team noted that there were many gaps in the system both at the identification phase and the assessment and intervention phase. The vision of the team was to design a model of delivery that would provide a comprehensive range of mental health services in the least restrictive, most accessible and appropriate manner compatible with best practices and good clinical care and in a way that is responsive to community needs. It proposed a model for Central Region that is consumer focused, provides continuum of care and integrates research and education evaluation into all aspects of the care continuum. The model is best described using diagrams which unfortunately are not included in this document.

The model covers three phases:
The *identification phase* includes the four areas of promotion, public education, provider awareness and sensitivity, and screening. These areas will be community-based and will involve the participation of primary care providers, self-help groups, advocacy groups, Public Health Services and the input of secondary and tertiary parts of the system.

The second and third phases (*assessment* and *intervention*) begin at the primary care level. The model assumes that most mental health complaints can be dealt with at the primary care level. Major difficulties are that primary care providers lack ready access to services offered by the formal mental health services *e.g.*, nursing and social work. In some cases primary care providers lack knowledge of latest treatments and interventions and may lack confidence or knowledge. The model proposes

Primary level mental health care requires direct access to clinician resources not currently readily available outside of the formal mental health system. Those individuals whose mental health care needs are judged by their primary care providers to be beyond their ability to meet need referral into formal mental health system which is provided by the secondary/tertiary services. The model proposes that the Secondary/Tertiary level of mental health care has a single point of access, a standardised assessment tool, ready transmission of information about the consumer, and that services will be delivered at many sites. The following implementation issues were identified:-

- The requirement for Central Region Mental Health Services to offer tertiary/provincial services to consumers from other regions
- The system should be constantly evaluated. An evaluation process needs to be developed and in place to monitor the effectiveness of the model .
- The need for resources both fiscal and human for the primary care section to provide education and training for primary care providers and support for consumer-led initiative and self-help groups.
- The development of both screening and assessment tools to be used throughout the system.
- Inter-departmental discussions about issues such as housing.
- Integration with other mental health review processes.
- The development of an information technology network.
- Most importantly the engaging of primary care physicians with the model.

Western Region

28. Western Region Mental Health Program Visit, Summary Report by Mental Health Program Visit Summary Report, May 1998.

The report was prepared by a team, comprising staff from the Mental Health Services Section, Operations and Regional Support Branch, Department of Health, following a two day visit to the Western Region.

The Team noted that many of the initiatives which were described were consistent with the provincial, national and international health reform agendas, including the emphasis on consumer/ community involvement, best practice/evidence based programming, prevention/promotion initiatives, and on research and evaluation, for example. The ongoing development of the initiatives will be of great interest to the Department as provincial standards and best practices evolve.

The areas which the team identified as being in need of some further analysis and intervention were communication and staff morale. Much time and effort has gone into developing a new model for the delivery of Mental Health Services but many staff did not appear to feel that they have been involved in, or informed during, the restructuring process.

Eastern Region

29. Review of the Mental Health Services, Cape Breton Healthcare Complex. Internal report to the Board of Directors, Cape Breton Healthcare Complex, July, 1996.

The operations review of the Cape Breton Healthcare Complex was based on a conceptual framework developed by the Canadian Medical Association and adopted by the Canadian Council on Hospitals Services Accreditation.

The Cape Breton community is in transition; unemployment has consistently exceeded provincial and national averages and *per capita* income has been significantly lower than the average reported for the country for the past several years. As a result demand for mental health services at the Cape Breton Healthcare Complex has been growing. This is cause for concern and is occurring in a period of healthcare reform and pronounced resource limitations. Mental healthcare providers are being challenged to sustain developed outpatient and day treatment programs as part of essential core services. In the search for innovative care delivery mechanisms great emphasis is being given to the integration of people with mental health problems into their communities. Cape Breton must continue striving to improve mental health services. Community stakeholders have a role to play. Through co-operation and shared responsibility a stronger service can evolve. Included in the report are a series of recommendations pertaining to ten separate areas of service delivery, including:

- community
- clinical programs
- resource availability and deployment
- communications
- emergency services
- crisis intervention
- administration structure, policy and procedures
- inpatient beds utilisation
- consumer relations

30. **Eastern Region Mental Health Program Review: Summary Report** By Mental Health Services Section, Department of Health, December, 1999.

This summary reports highlights key observations and issues from a program review of mental health services in the Eastern Region conducted in September, 1999.

Presently, there is no regional administrator of mental health services overseeing all sites. No overall mental health advisory body for the region exits. The following regional issues were identified:

- Now that health services are being reorganised under District Health Authorities, service boundaries need to be clarified.
- there are major difficulties in not only recruiting psychiatrists but recruiting psychiatrists that are willing to practise in or travel to rural areas.
- Various incentives to attract psychiatrists and general practitioners have failed to alter a critical shortage of psychiatric services in the region.
- Follow-up services are a major issue in rural settings throughout the region where an almost exclusive reliance on family physicians results in limited support to consumers beyond minimal medication and medical needs.
- There is an absence of services for persons with severe and persistent mental illnesses and there are limited examples of inter-organisational co-operation in better servicing this client population.
- High drug costs are identified as a concern in the delivery of services.
- There is no identified Community Mental Health supports Program for the Region.
- Stigma is a concern for both consumers and staff especially as it relates to the barriers in to community integration.
- There is no formal prevention, promotion and educational program for children and youth.
- Consultation to schools needs to be improved. There is a lack of resources such as testing materials, computerised assessments and educational materials.
- Travel is a major drain on resources and inconvenience to clients.

31. Pulling Together, A Proposal For Mental Health Services Northern and Eastern Regions, by Allen G. Prowse and Ian M. Slayter, October, 1995.

The CEO's of five major hospitals in the Northern and Eastern Regions commissioned this study in 1994 to review and recommend how mental health services might develop in the two regions in the future. The five participating hospitals were the Highland View Regional Hospital, Colchester Regional Hospital, Aberdeen Hospital, St. Martha's Regional Hospital and the Cape Breton Regional Hospital.

The report recommends general approaches with the expectation that individual centres and their communities will determine how best to implement the general concepts. The most important point is the building of a consensus across both regions. Several trends in the utilisation of mental health services are identified, namely community mental health is increasing, and inpatient care is decreasing in terms of volume of service provided. Inpatient care now takes place predominantly in general hospital psychiatric units and general medical units rather than in provincial mental hospitals. There is more and more demand for increased community services to persons with mental illness and mental health problems.

Principles which should be followed in order that mental health services be clinically effective, cost efficient and meet the needs of consumers are outlined. The report recommends that mental health services work closely with primary care providers such as family physicians, community social services and consumer and family initiatives such as self-help groups and drop-in centres. Major target groups which should be a high priority for mental health services are identified. These include those with major mental disorders, childhood neuro-developmental disorders, adjustment reactions and post traumatic reactions. The report recommends a set of core services which should be available at some level to residents of the regions. The core services are :

- community development
- crisis intervention
- community mental health care
- psychosocial rehabilitation
- facility care *e.g.*, inpatient hospital care and long-term residential care.

The report recommends what major service changes should be considered at each of the major hospitals in the two regions. It also recommends the development of local mental health services in each community by reallocating the funds used to provide inpatient mental health care in the general medical beds of the community hospitals.

The central thesis of this report is that money can be reallocated to provide for more effective, comprehensive, and integrated services for the two regions and their communities. Specific recommendations as to how the total budget might be allocated in order to provide an equitable distribution of funds are presented.

Eastern Region

32. Challenges and Strategies in implementing a Regional Mental Health System in Eastern Nova Scotia by Fortier, Park and Associates, 1999.

This report addresses patient care and management issues affecting the Eastern Region Health Board (ERHB) following regionalization of the mental health system and makes recommendations about how these can be alleviated.

The major issues facing the Eastern Region are:

- Substantial per capita under-funding compared to other pats of the province.
- Too few resources to provide the services required over a large geographic area

- A small budget that cannot be reallocated to the services needed to satisfy a rural network of communities
- Service fragmentation without common standards of care and a defined scope of practice
- Lack of a network of community-based services. The ERHB does not have enough funds to develop community based services.
- There is no clear role definition between the ERHB and the Cape Breton Health Care Complex (CBHCC) leading to some duplication of services.
- There is no service co-ordination between the ERHB and CBHCC
- The absence of a community crisis response in rural communities to maintain people in their home communities.
- Inadequate community supports for general practitioners
- Lack of psychiatrists and an inability to recruit them.
- Fragmented mental health services for children.

The following recommendations are made:

- The province consider more clearly defining the role of non-designated organizations and the impact of these on the ability of the ERHB to restructure the mental health system under its jurisdiction.
- That the ERHB and the CBHCC work more closely together in the delivery of services to the mentally ill.
- The ERHB needs to offer a range of non-medical community mental health services.
- The ERHB needs to develop a community clinic system to provide community supports to general practitioners in caring for the mentally ill. The clinics would provide counselling and therapy for individuals, couples and families. Psychiatrists would provide assessment, treatment and consultation to general practitioners and to clinic staff.
- An additional four psychiatrists be recruited.
- It is also recommended that case managers be assigned to the clinics.
- That the ERHB be funded to assist communities in developing housing, employment opportunities, social and recreational supports.
- A systems co-ordinator be funded by government to help integrate children's mental health services.

The major conclusion is that if the ERHB is to successfully negotiate a relationship with the CBHCC and develop a primary care mental health system it needs additional resources.

Northern Region

33. **Northern Region Mental Health Program Review - Summary Report** by Mental Health Services Section, Department of Health, October, 1999.

This summary report highlights some key observations and issues from the visit and provides recommendations.

Regional Issues:

- the configuration of inpatient beds, i.e., number, location, short stay vs. acute vs. swing beds, needs to be reviewed. Accessing psychiatric beds within the region is an issue.
- there is need for a comprehensive system of community supports and services for people with chronic and persistent mental illness.
- the role of adult residential centres in the continuum of mental health services needs to be clarified.

- ability the to fund the new generation of high cost drugs is a concern.
- the inability to retain budget surpluses.

Site Specific issues:

Colchester Regional Hospital

- speciality programs - balancing clinical needs with low population numbers and geographic and transportation cost/factors.
- inter-relationship between service components needs to be clearly defined if there is to be appropriate continuity of care.
- an enhanced consumer involvement is a critical component to the widespread acceptance of a regional model of service delivery and needs to be enhanced in all aspects of regional programming at every opportunity.
- lack of space.

Highland View Regional Hospital

- the ambiguous role of the five swing beds used for inpatient psychiatric patients. These beds do not meet standards for psychiatric beds.
- there is a lack of supports from diverse sectors of the community for persons with long-term chronic illnesses.
- recruitment and retention of nurses and psychiatric professionals is an issue.
- there is a lack of appropriate housing options.
- there are social factors which are obstacles to effective service delivery *e.g.*, transportation and rural poverty.

Aberdeen Regional Hospital

- the role of the inpatient unit needs to reviewed and appropriately funded.
- wait times of up to six months raise some questions of the priorities of the out-patient service.
- partnerships and linkages with consumers and community organisations should be emphasised.
- there should be an increased emphasis on early intervention programs.

Recommendations

Psychiatric Inpatient Services.

a) a review and rationalisation of all adult inpatient psychiatric beds in the region should be carried out.
b) the need for a clinical medical director for the region should be addressed.

Community Based Mental Health Services to Adults.

a) the Regional Health Board needs to pursue negotiations with Community Services and Regional Housing Authority officials with respect to the lack of appropriate community housing options for clients who are ready to leave acute psychiatric care or who are inadequately housed in the community.
b) the Northern Region needs to communicate with Western Region on the future provision of services to consumers requiring intensive residential psychosocial rehabilitation.
c) community support services for people with chronic mental illnesses need to be reviewed and strengthened.

Services to Children and Youth

a) the role of the IWK Grace Health Centre in relation to services in the Northern Region should be addressed through a joint planning initiative and consultation with the Department of Health.
b) it is recognised that the Regional Health Board needs to pursue negotiations with Community Services and Regional Housing Authority officials with respect to the lack of appropriate community housing.

34. Review of Inpatient Mental Health Services Northern Region Nova Scotia. by Louise Bradley and Simon Brooks, November, 1999

The purpose of this review was to review the use of inpatient beds used for mental health consumers, in particularly the swing beds used at Amherst where a number of difficulties and opportunities have arisen. The reviewers visited the three sites where inpatient mental health services were available and talked with both staff and consumers. The review resulted in the following recommendations:

- Regional Mental Health services should establish priorities for care which emphasise first meeting the needs of those with severe, persistent mental illness, those with less chronic but major mental illness and the more severe personality disorders and those with comorbidity and dual diagnoses.
- Inpatient services do not operate in isolation. It is recommended that a strategic planning process be undertaken to develop short and long term goals for any changes which the region decides to implement. In addition, outpatient mental health services should be examined to determine how they might be better utilised and might better support the inpatient structure.
- Wherever possible increases in one service area should be funded by extra funds from the Department of Health rather than by depleting some other area of existing service.

In addition, site specific recommendations were given for the three hospitals.

35. Northern Regional Health Board Mental Health/Addictions Services Strategic Plan. October, 1998

Mental Health and Addiction Services of the northern region have been involved in strategic planning at the regional and provincial level for a few years. A review of current resources and a comparison with provincially recommended core services revealed areas of unmet needs and gaps. Twenty-one recommendations were made to address these unmet needs and gaps. Some of the recommendations require that the Region request provincial initiatives. Many require the development of partnerships with other departments which is seen as beneficial in enhancing efficiency of service for mutual clients. The recommendations are divided into three sections:

A. Recommendations that address general issues such as provincial funding
B. Recommendations to address gaps and trends for the future
C. Recommendations to address access to data and information

A major issue is the perceived inequitable funding for northern regional mental health programs in comparison with the rest of the province (see Recommendation A.5).

Under section B the following recommendations are made:
B1. That the continuum of care gaps be addressed by:

- expansion and allocation of resources for the development of programs to service identified populations (adolescents, women and seniors).

- Review of gambling services at the provincial level to determine direction for development of programs for gambling related difficulties.
- Enhancement of smoking cessation program
- Assessment of resources necessary for methadone program.
- Dialogue with Department of Community Services regarding resourcing of mental health services for clients previously funded *via* D.C.S.

B2. Co-ordination of resources among departments and agencies in order to most efficiently and appropriately serve client needs in an integrated fashion.
B3. Expansion of health promotion, community education and illness prevention programs
B4. Expansion of early identification and intervention programs co-ordinated with Public Health, the school system, Early Intervention and other community partners.
B5. Review and enhancement of inpatient psychiatric services for children and youth and of longer term residential support services for children and youth.
B6. Enhancement of life skills training programs.
B7. Review of education and employment opportunities.
B8. Review of housing/placement for adult clients with long term serious mental illness
B9. Enhancements to adult inpatient psychiatric services within the region.
B10. Enhancement of longer term addiction services.
B11. Enhancement of service to clients with dual disorders (co-existing mental illness and addictions).

Under section C the following recommendations are made:
C1. Development of a common data base or adaptations to the current system.
C2. Access to the internet
C3. Access to teleconferencing
C4. Improvements to information systems.
C5. Dedication of human resources to information systems.

36. Issues, Challenges & Developments Mental Health Services of the Districts of Cumberland, Colchester/East Hants, Pictou (Northern Region) by Regional Director of Mental Health Services, March, 2000.

The following issues were identified by the Regional Director of the Northern Region:

1. **Funding:** The funding for Northern Mental Health Services is 25% below that of the provincial average and 15% below that of similar non-metro regions (Eastern and Western).
2. **Program development in large rural areas:** A population base of only 152,000 poses challenges for full service delivery in each district, especially for specialty services.
3. **Services for the significantly and persistently ill:** To deliver a fully developed Clubhouse program in the rural areas may not be financially feasible Rural consumers may not benefit from as extensive a best practice service as in metro regions.
4. **Acute inpatient care for children and medium to long term residential care:** We continue to require medium to long term residential care for a few children or youth per year. This area requires further development provincially to avoid sending children out of province.
5. **Inpatient and medium to long term care for adults:** There are concerns over risks of providing less than best practices levels of care.
6. **Staff recruitment and retention in rural areas:** This remains a challenge particularly for psychiatry.
7. **Maintaining benefits of both regional and district structures:** The District Mental Health Services concur that regional co-operation and programming must continue for certain services, *i.e.* Regional Inpatient Psychiatric Unit for Adults in Truro, Regional Sex Offender program in New Glasgow, Regional Child/Adolescent Psychiatry Services.

ATTACHMENT 2

Summary of Recommendations 1997-1999

Summary of Recommendations from Reports (1997-1999)

Report	Recommendations
	Leadership Structure
A New Step Forward. 1998	• Establish within each region a leadership structure consisting of senior regional officials of health boards, the justice system, school boards, child welfare agencies, along with consumers, community representatives, and service providers. This group will work together in order to facilitate effective and co-ordinated service delivery within each region.
Minister's Task Force on Regionalized Health Care, 1999	• A Mental health Commission be established with a mandate to plan, develop and oversee province-wide, integrated mental health services.
	Continuum of Services
A New Step Forward. 1998	• Establish a comprehensive continuum of services, policies, and practices across government departments in which the components are linked and co-ordinated. • Develop and promote primary and secondary prevention programs such as, comprehensive screening programs, public health programs for infants and new mothers, and ongoing education of primary care providers. • Identify, support, develop, and expand those programs and educational initiatives which have been able to effectively promote healthy development, increase awareness of available services, and foster a better understanding of mental illness. • Identify, support, develop, and expand effective educational programming and services within the public education system to increase individual competence and resiliency. • Promote the development of a range of early identification and intervention services and activities within each region targeted toward at-risk children, youth, and families. • Develop/enhance family violence prevention programs directed at youth.

Summary of Recommendations from Reports (1997-1999)

Report	Recommendations
	Continuum of Services cont'd • And designed to increase awareness as well as to promote safe and healthy environments for children and youth at school, at home, and in their communities.
Psychiatric Facilities Review Board, Annual Report, 1998 - 1999	• The Department of Community Services must expand its network of small options settings, and the living options offered must be tailored to meet the differing needs of mental health consumers. • There should also be increased co-operation between the Departments of Health and Community Services to ensure that patients are not caught in a gap between the two Departments. • Programs such as the Nova Scotia Hospital SCOT (Supportive Community Outreach Team) which provides voluntary services to individuals with severe mental health problems who are living in the community, should be developed and expanded throughout the province.
Northern Region Mental Health Program Review - Summary Report, 1999	• The Regional Health Board needs to pursue negotiations with Community Services and Regional Housing Authority officials with respect to the lack of appropriate community housing options for clients who are ready to leave acute psychiatric care of who are inadequately housed in the community. • The Northern Region needs to communicate with Western Region on the future provision of services to consumers requiring intensive residential psychosocial rehabilitation. • Community support services for people with chronic mental illnesses need to be reviewed and strengthened.
Eastern Region Mental Health Program Review: Summary Report, 1999	• The establishment of a Community Health Supports for Adults Program needs to be a priority.
The Home Care Mental Health Working Group, April, 1999	• The working Group recommends that all home care staff be provided with education and training so that they are comfortable in meeting the home care needs of mental health consumers. An education and training framework is being developed.
	Continuum of Services cont'd

Summary of Recommendations from Reports (1997-1999)

Report	Recommendations
	• That regional teams be established to implement the provision of home care services to mental health consumers.
Northern Regional Health Board Mental Health/Addictions Services Strategic Plan, 1998	• Expansion and allocation of resources for the development of programs to service identified populations (adolescents, women and seniors). • Review of gambling services at the provincial level to determine direction for development of programs for gambling related difficulties. • Enhancement of smoking cessation program. • Assessment of resources necessary for methadone program. • Dialogue with Department of Community Services regarding resourcing of mental health services for clients previously funded *via* D.C.S. • Co-ordination of resources among departments and agencies in order to most efficiently and appropriately serve client needs in an integrated fashion. • Expansion of health promotion, community education and illness prevention programs • Expansion of early identification and intervention programs co-ordinated with Public Health, the school system, Early Intervention and other community partners. • Review and enhancement of inpatient psychiatric services for children and youth and of longer term residential support services for children and youth. • Enhancement of life skills training programs. • Review of education and employment opportunities. • Review of housing/placement for adult clients with long term serious mental illness • Enhancements to adult inpatient psychiatric services within the region. • Enhancement of longer term addiction services. • Enhancement of service to clients with dual disorders (co-existing mental illness and addictions).
Forensic Report by Joint Committee on Forensic Services, 1997	• A range of community options for chronically unfit in addition to the Nova Scotia hospital needs to be developed; *i.e.* quarter way houses, group homes *etc.* Develop criteria with respect to risk management for long term untreatable mentally ill who are deemed unfit.

Summary of Recommendations from Reports (1997-1999)

Report	Recommendations
	Standards and Evaluation
A New Step Forward, 1998	• Publish a provincial policy framework for the delivery of mental health services to children and youth. This document will define core services and establish program standards, performance measures, and outcome indicators for services provided to children, youth, and families. This framework will include services provided by private practitioners. • Establish standardised departmental practices across departments of government for the collection and reporting of data related to mental services to children youth and families. • Evaluate existing and proposed programs based upon scientific evidence of efficacy and, where limited evidence exists, upon "best practice" standards. Research, continuous monitoring, evaluation and teaching are integral to further development of evidence based practice. • Develop a method to recognise and promote the use of programs with demonstrated success in improving the health and well-being of children and youth in Nova Scotia. Recognition and promotion will encourage best practices and achieve better results for our children.
External Review of the Nova Scotia Mental Health Steering Committee's Documents 1999.	• That the 'Toolkit' developed by the International Association of Psychosocial Rehabilitation Services (IAPSRS) be explored as a way of evaluating community programs
	Collaborative Services
A New Step Forward. 1998.	• Partner with public health, public education, primary health care providers, private practitioners, and community leaders to encourage early and ongoing screening and referral of children at risk for mental, emotional, and behavioural problems. • Establish protocols for the sharing of client information in support of improved continuity and co-ordination of service, while respecting individual rights and freedoms.

Summary of Recommendations from Reports (1997-1999)

Report	Recommendations
	Collaborative Services cont'd • Develop co-ordinated opportunities for vulnerable children to participate in sport, recreation, and cultural programs directed at healthy productive lifestyles. • Review and revise those provincial policy and practice standards, within and among departments, that support appropriate, accessible, and comprehensive services. The difficulties inherent in rural service delivery and other extenuating factors must be reflected in these standards. • Develop a provincial collaborative strategy for dealing with high-needs children, youth, and families for whom involvement with multiple agencies and traditional regional or institutional services has been inadequate. • Ensure that service options are available for those in remote and rural communities, recognising the additional associated costs and the need for innovative practices such as shared facilities, shared staffing across departments, and improved access to consultation services.
A New Step Forward, 1998	**Resources** • Establish a provincial funding formula for regional service delivery that acknowledges factors that improve accessibility and utilisation (population density, youth unemployment, poverty, availability of support services, and provincial/tertiary speciality services provided in other regions). • Establish a process among regional, institution-based, and provincial service providers to review the equitable allocation and resourcing of services to children, youth, and families.
Northern Region Mental Health Program Review - Summary Report, 1999.	• The need for a clinical medical director for the region should be addressed.

MENTAL HEALTH: A TIME FOR ACTION

APPENDIX F

SUMMARY OF WRITTEN SUBMISSIONS

APRIL 2000

Prepared for:
Dr. Roger Bland

Prepared by:

McDermott & Associates Consulting Inc

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Attachment 1: Submission Summaries

Attachment 2: List of Other Submissions

Introduction

As part of the Review of Mental Health Services in Nova Scotia, stakeholders were given an opportunity to submit a written submission to the reviewers. In total one hundred and twenty five (125) submissions were received.

Types of Submissions

There were two types of written submissions. Those that provided:

- General program information or previous reports
- Submissions in response to the current review

Only the submissions in response to the current review are included in this summary report. A listing of the submissions that were not included in the summary is contained in Attachment 2.

Of the submissions in response to the current review, there were three types of submissions. This included responses that:

- Answered a series of questions related to the review
- Related directly to the areas identified in the Terms of Reference for the review
- Were general in nature

All three types of submissions have been include in the summaries and have been summarised according to the key areas identified in the Terms of Reference for the review.

Respondents

Written submissions were received from various groups, including:

- Health Care Providers within the Health Regions
- Community Agencies and other Service Providers
- Consumer Groups
- Associations
- Academic Community
- School Boards

A few individuals also submitted input, however as there so few, these have been grouped within the group they are most associated with. For example, the submission that was sent in by an individual consumer has been included in the summary of consumer input.

Description of Respondent Groups

A complete listing of the specific responses within each respondent group and the individual summaries of the each of the submissions are contained in Attachment 1. An overview of the number of responses within each respondent group is provided here.

Health Care Providers within the Health Regions

Thirty-two (32) written submissions were received from various health care providers witnin the health regions. For the most part these were mental health service providers. Each of the four regions: Central; Northern; Western and Eastern provided input. There were seven (7) submissions from the Central region; ten (10) from the Northern region; twelve (12) from the Western region and three (3) from the Eastern region.

Community Agencies and other Service Providers

A total of seventeen submissions were received from community agencies. A community agency was defined as an organisation, which provide services to mental health consumers in a community setting. Such services include housing, home care, early intervention services, self-help programs, and child protection services.

Consumer Groups

There were seven submissions from consumers and consumer support groups.

Associations

Fifteen submissions from a variety of associations were summarised. Submissions were from both care provider and consumer associations and the Provincial Health Council.

Academic Community

There were four written submissions from the academic community, specifically from Dalhousie University. This included submissions from:

- Clinical Psychology PhD Program
- Department of Psychiatry
- School of Nursing
- Committee to Establish a Chair

The input in these submissions focussed mostly on the area of mental health services and standards. An overall summary of the input from this group is outlined in the sections under Summary of Submissions that follow.

School Boards

There were a total of six submissions from School Boards across the province.

Summary of Submissions

Overview

Most of the feedback contained in the submissions related to the area of the Terms of Reference that refers to the adequacy of mental health services and standards. There was a lot of overlap in the input across the areas of the terms of reference. For purposes of this summary document efforts were made to summarise input according to the four areas identified in the terms of reference for the review. The summary of the input is presented according to each area of the terms of reference and by respondent group.

Adequacy of Mental Health Services & Standards

Health Care Providers within the Health Regions

The input related to the adequacy of mental health services and standards was fairly consistent. Respondents from each of the four regions made similar points about the areas of need for mental health services and standards.

Specifically they noted that there was a need for the mental health system to provide for a broader continuum of services than is currently being provided. They noted that the services provided within the community need to be expanded and that linkages with other providers must be developed or enhanced to increase the range and number of services available to people with mental health issues. As currently provided, the balance of services is seen as still favouring treatment focused services rather than those, which involve the consumer in more natural settings. This should include more prevention and promotion type services and requires better integration of mental health services within the regular health care system and with a broader range of health care professionals, in particular, family physicians. A couple of specific reports: A New Step Forward and the Central Region Mental Health Program model were cited as examples of the way the system should be providing services.

Specific areas of need which were noted include:

- Recognition of the impact of the need for social supports
- Psycho-geriatric services
- Adolescent and children's services
- Crisis services
- Community services in general
- Prevention and promotion services

Most of the respondents noted that there is a current lack of resources within the mental health system and that relative to the other areas of health care, it is poorly resourced. This makes it difficult for providers to supply the full range of services that are required and for ensuring

access to mental health services across all areas of the province. Several respondents indicated that rural areas have difficulties providing mental health services and that alternative models of delivery should be examined. This would include better integration with and linkages between mental health providers and other health and social service providers, the use of a broader range of professionals to provide these services more community prevention and promotion services.

Another key resource deficiency relates to the lack of mental health professionals and in particular to the recruitment and retention of psychiatrists within all areas of the province.

Community Agencies and other Service Providers

Issues focused on accessibility, funding, community services and social stigma. Difficulty in accessing in-patient services in times of crises was attributed to a lack of psychiatrists and hospital beds. Access to suitable transportation was also noted as an issue that needs to be resolved.

Insufficient funding causing long waiting lists and service gaps is a persistent problem. The funding of mental health services is considered by agencies in the Northern Region to be inequitable across regions and recommend that such inequities be addressed.

Community services such as day programs, decent affordable housing, a small options home for the aboriginal mentally ill, mental health services for home care and nursing home clients and community outreach services were identified as gaps in the system that need to be addressed. In addition a higher priority should be given to prevention and early intervention services.

Three submissions in this category stated their opposition to the closure of the short-stay mental health unit at the Aberdeen hospital.

Social stigma is still very much a reality in the field of mental health and more needs to be done in the realm of public education about mental illness.

Consumer Groups

The major issues raised by this group include long waiting lists, lack of psychiatrists, more funding for consumer run programs, reduction of social stigma, shortage of in-patient beds, a lack of supportive environments outside hospitals such as drop-in centres and halfway houses.

Associations

A major issue highlighted by consumer and care provider associations alike was the lack of psychiatrists and other mental health professionals. The issue of recruiting and retaining mental health care professionals clearly must be addressed.

Discrepancies in the availability and accessibility of mental health services between urban and rural areas and for different cultural groups need to be resolved. First Nations, indigenous blacks and new Canadians were highlighted as groups that are under-serviced. It is also noted that mental health services need to become more cross-culturally sensitive and appropriate. Other under-serviced populations requiring mental health services include autistic children, the deaf and seniors.

Gaps in the system which need to be addressed include the need for comprehensive crisis services, affordable housing, employment and career counselling, transportation issues and a lack of a spiritual dimension to care provision.

Stakeholders residing in those regions in which it serves regard the closure of the short-stay psychiatric unit at the Aberdeen hospital as a negative move.

Finally the stigma associated with mental illness needs to be addressed.

Academic Community

Specific comments related to the adequacy of mental health services and standards included the need to:

- adopt a policy framework with a set of professional standards as a means to develop a continuum of mental health services
- address issues of recruitment and retention of highly qualified mental health personnel, particularly psychologists and psychiatrists
- work collaboratively with the Clinical Psychology Program to determine creative ways to use psychologists to improve the delivery of mental health services and
- provide more resources in the adolescent mental health system particularly to address the issues of adolescent suicide

The following objectives were suggested for the mental health system include:

- Implementation of a plan for early detection this may include alternate identification and treatment models.
- An effective referral mechanism on a provincial basis must be implemented.
- The system must provide adequate treatment in keeping with national standards.
- The system must be able to report to its public on a regular and timely basis.

The major challenges in the system are centred on accessibility of services, public education and family centred care.

School Boards

The major issues raised by School Boards focus on accessibility, communication, availability of services and a lack of resources.

- Accessibility to services is limited by a lack of transportation and sometimes the geography of the region limits access to centralised services.
- The overall lack of funding and insufficient psychiatrists and other mental health professionals leads to long waiting lists and delays in service.
- The current range of assessment and intervention services available to school-aged children with severe mental health problems is inadequate. Of particular concern is the lack of services to students with severe emotional and behavioural problems such as young sex offenders, and sexual assault victims.
- There is a need for more long-term intervention as opposed to consultation services.
- Communication between mental health services and schools could be improved. The existing structures hinder information sharing.

Structure For Mental Health Service Delivery

Health Care Providers within the Health Regions

The respondents from the various regions of the province differed in their responses to what is needed for the structure for mental health service delivery.

The respondents from the Eastern Region indicated that there should be a structure that is based at the community level and supports a collaborative model of decision making and involvement of the various players within the system. Only a few services should remain provincial in structure.

Respondents from the Western Region also favoured a district governance structure that supported local input and integration of mental health services with other health services and other services. They however also noted that single envelope funding from mental health services and a single point of entry for mental health services might help to facilitate an improvement in availability and access to services across the province.

The Northern Region respondents noted that there is a need to have a provincial mental health steering committee to promote and plan for mental health services however, that the overall structure for delivery of services needs to be based at the district health authority level. This would include integration with other health services and accountability at the local level.

The Central Region respondents varied as a group. Some respondents indicated that the models proposed in A New Step Forward and through the Central Region Mental health program should be followed. These are seen as providing for balanced resource allocation across the continuum of services and supporting the much needed partnership approach. Other respondents indicated that a provincial mental health structure with clear authority to plan, set policy and monitor services was needed.

Overall, the input on this area of the terms of reference points to the need for a more collaborative approach to the management and delivery of mental health services. This includes better co-ordination among the various mental health providers and between the mental health providers and the health service delivery system as a whole and increased inclusion of mental health consumers.

Community Agencies and other Service Providers

A few agencies reported that the change to District Health Authority's (DHA's) is seen as problematic. The system has not yet fully adjusted to Regional Health Boards (RHB's) and should be allowed to continue without more structural change.

Strategies to change mental health services should provide support, structures and resources that enable progress to continue toward partnerships among community agencies and the formal mental health system. The Behaviour, Education, Support, Treatment Program (BEST) regional interagency project is cited as a successful example of interagency partnership.

Suggestions for changes in the structure of service delivery included:

- the consolidation of the Departments of Health and Community Services.
- the establishment of Community Mental Health Boards.
- a holistic approach to service provision which would include housing, food and lifestyle as opposed to the existing medical model.

Consumer Groups

The role of consumer groups needs to be recognised and included on Community Health Boards. Further initiatives to include the consumer in planning and development of programs need to be developed.

A holistic approach to mental health service delivery is preferred.

Associations

Some consumer and provider associations are opposed to regionalisation and to the creation of DHA's believing it will lead to confusion and uncertainty.

The Provincial Health Council suggests that primary and secondary services should be under the jurisdiction of DHA's with access to tertiary services on a fee-for-service basis.

Inter-sectoral collaboration as outlined in *A New Step Forward* is endorsed by the Provincial Health Council. The Shared Care Model which includes the Dalhousie Psychiatric Department, hospitals and community services is proposed by some consumer associations as a preferred model for service delivery that is more cross culturally sensitive.

Consideration should also be given to a single leadership structure devoted to addressing the needs of adolescents and children.

A population health strategy is proposed as a means for addressing the broad scope of needs of mental health consumers and which recognises such factors as housing and employment *etc.*

The government should look at funding community organisations directly rather through institutions.

Academic Community

One of the submissions from the academic community noted that restructuring the system should focus on:

- Developing a system that supports the consumer
- Integrating a multi-sectoral approach
- Integrating the formal and informal mental health resources
- Legislating the federal health care practitioner clause
- Developing an information system
- Promoting mental health
- Ensuring citizen participation
- Educating the public

School Boards

There is a need for alternate delivery models that would require mental health professionals to see the children in the school setting as opposed to a clinic setting. This has been happening in a limited way in some areas. More interagency co-operation and linkage is required in the delivery of mental health services. The Behaviour, Education, Support, Treatment Program (BEST) is cited as a good example where inter-agency collaboration with the schools has been successful.

One school board suggested the formation of a Youth Ministry to facilitate inter departmental collaboration. The same Board recommended that a Liaison Officer at the District Health Authority (DHA) be designated to co-ordinate inter-agency partnerships.

Impact on Existing Roles and Responsibilities

Health Care Providers within the Health Regions

About one third of the respondents made specific comments related to the impact on existing roles and responsibilities of the various players of the mental health system. However there was considerable overlap with the input on the adequacy of services and standards and those about the structure of the mental health system.

Specific comments included the need to involve consumers in a more meaningful way throughout the system. This would involve obtaining their input in decision making on a broad policy-program development basis as well as in individual services planning situations.

Several of the respondents noted the need for the mental health system to acknowledge and formalise the role of family physicians in the provision of mental health services. Family physicians are often the first professional the person with mental health needs seeks help from. As such they need to be aware of and linked to the full range of mental health resources in the system.

The role of non-government organisations must also be acknowledged. This relates to the need to recognise the broad range of needs that must be addressed along with mental health needs. This includes housing, employment, safety and security issues and concerns.

The Department of Health is seen as having the role of overall policy development, standard setting and funding. They must have strong links to the service provider system and work with them on an ongoing basis.

Key concepts related to roles and responsibilities of the various players in the system include the need to develop and work in partnerships that include the various players in the system. These partnerships need to include consultation with a broad range of players, formal service providers, community representatives and consumers. Moving decision making down from the level of government to the community level is seen as important.

Community Agencies and other Service Providers

The majority of submissions were silent on this point. However, those that commented believe that consumers must have meaningful involvement in policy development, program development and evaluation.

Consumer Groups

Only two of the submissions commented on this subject. The main comment was that the government should provide resources to consumer groups so that they can fulfil their support role more effectively. The government should be more active in its role of educating the public about mental illness to reduce social stigma.

Associations

Consumer Associations and the Provincial Health Council believe strongly that consumers should be formally involved in the decision making process while The Association of Psychiatrists sees the move toward consumer involvement as negative believing it fosters anti-psychiatry sentiment.

Psychiatrists believe that they need to have a key role in system design and delivery systems.

The Provincial Health Council suggests that efforts be directed at increasing the role of the family physicians as partners in the provision of mental health care.

Academic Community

One submission from the academic community commented on the need to determine additional ways to involve psychologists in the mental health services delivery system. The remaining submissions did not comment on the roles and responsibilities of the various stakeholders in the system.

School Boards

There was overall consensus that schools should be considered a full partner in the delivery of mental health services to children and adolescents.

Evaluation Processes

Health Care Providers within the Health Regions

Fewer than half of the respondents (15) commented on issues related to the evaluation of the mental health system. Those who did comment, noted the importance of evaluation and research and that these activities should be promoted across the system. A few of the respondents indicated that service funding should be linked to evaluation and that funding allocation should include funds for undertaking evaluation research and further that continued funding should be linked to evaluation results.

Evaluation is seen as a way to ensure continuous quality improvement for the system and that it therefore needs to become part of the system rather than be seen as an academic exercise. Evaluation must look at *system* processes including decision-making processes and adequacy and utilisation of services and *service* processes including client and outcome focused processes and evidence of best practice.

Several of the respondents noted that there needs to be a provincial approach to the development and implementation of a comprehensive system of evaluation and monitoring of the system. This needs to include evaluation of the effectiveness of services and programs, measurement of progress towards goals and objectives and the development of best practice, evidence based programming.

Finally, they commented on the need to ensure input is received from consumers and community representatives as well as staff and professionals. One respondent indicated that it was critically important that evaluation of the effectiveness of the mental health system needed to go beyond measuring satisfaction of those people accessing services. That is, evaluation of the system must look at what benefits or deficits are being felt throughout the system.

Community Agencies and other Service Providers

Only a few submissions commented on this issue. There was a difference in opinion on who should be responsible for evaluating programs. Some believed that services should be evaluated externally, or by an independent review board. Others believed the proposed Community Health Boards should at least be responsible for the evaluation of community programs. However, there was agreement that Evaluation should reflect both consumer and provider perspective and should go beyond consumer satisfaction. Standardised expected outcomes need to be developed for community services.

Consumer Groups

The majority of submissions were silent on this subject. Again only two submissions made comment. Consumers and providers should evaluate mental health services equally. Regular surveys of consumers and providers were suggested as a possible evaluation tool.

Associations

The development of standards for delivery of mental health services that are based on best practices is encouraged and should be evaluated. A mechanism should be put in place at the provincial level to ensure ongoing evaluation. Indicators of quality should be developed and incorporated into quality management programs at the local and provincial level. Non-profit organisations currently supported with government funding should also be evaluated. The

consumer associations feel strongly that the consumer should be involved in the evaluation process.

Academic Community

One of the submissions from the academic community focused on the importance of evaluating the effectiveness of mental health programs and treatments. They noted that the involvement of and the ability of various mental health professionals, researchers and policy makers need to be enhanced.

School Boards

Respondents from school boards did not comment on evaluation.

ATTACHMENT 1

Summary Summaries

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Health Regions

Central

1. Central Regional Health Board

Other Key Information:

- Model for Service Delivery: Central Region Mental Health, Feb 1998 – reviewed as part of Summary of Existing Reports(#27 – Appendix E)

Summary of Submission:

The Central Region Mental Health Program, which was developed by a group of four organizations delivering formal mental health services (CRHB, QE II Health Sciences Centre, I WK / Grace Health Centre and Nova Scotia Hospital), is currently being implemented. This is a model of comprehensive and integrated mental health services which recognizes the need for investment in the primary mental health system and encompassing the health continuum from health promotion, illness prevention, community based primary care, secondary and tertiary level services, rehabilitation and continuing care. This model is reinforced and used as an example for the future mental health system.

Mental Health Services and Standards

They recommend that greater balance be given to the core services across the continuum in particular in areas of health promotion/prevention and community based primary care. This is seen as particularly important given decreasing resources and increasing demand for services. Specifically they recommend:

- A mental health promo/preview program be developed in partnership with appropriately resourced Public Health Service.
- Community based mental health teams become integrated with the broader community health planning and service delivery functions
- Alternative funding models, continuing education, shared care with other mental health providers be developed for primary care physicians
- Child and adolescent services be delivered through a comprehensive service model that focuses on families and communities, as well as individuals
- Mental health needs of the elderly be addressed throughout the health delivery system
- Linkages between emergency departments and mental health be enhanced through standardized screening protocols, appropriate emergency department resources and ongoing communication
- Attention be given to social support factors such as education, housing and income levels and their impact on mental health clients ability to access services
- Discharge planning process and partnerships between impatient and community providers be improved to facilitate continuity of care
- Resources be allocated to communities to enhance community support initiatives for mental health

Structure

They recommend the integration of mental health services within the region be mandated through the implementation of the Central Region Mental Health Program. This structure must have balanced resource allocation across the continuum of services and form partnerships with other systems / organizations which contribute resources to support mental health
Finally that evidence and outcome assessments resulting from the primary care mental health pilot be applied to future planning within the CRMH Program.

Roles and Responsibilities

They recommend that:

- That the CRMHP work collaboratively with providers, CHB's, consumer groups and others to advocate for health public policy
- The roles and responsibilities of mental health providers be redefined and support be given to developing partnerships with the broader system
- The CHBs continue to plan and advise on mental health services and issues at the community level in collaboration with the CRMH Program

Evaluation

They recommend that:

- Provincial approach to development and implementation of an internal management program and acquisition of associated infrastructure
- Broad based mental health research agenda be pursued and supported on a regional and provincial basis
- Development of a comprehensive communication strategy as part of the CRMH program

2. *Queen Elizabeth II: Health Science Centre*

Dr. M. D. Teehan (Clinical Director / Associate Chief, Dept. of Psychiatry)

Summary of Submission:
The submission includes an overview of a presentation on the mental health services of the QE2.

Mental Health Services and Standards

Major issues related to services and standards include:

- Inadequate funding of mental health services and the impact this has had on services. Specifically there is a significant lack of
- Crisis services
- Community based intervention services
- Access to long term care options
- Prevention and promotion services, etc.
- Inappropriate distribution of resources, duplication and lack of coordination are a recognized weakness of the system

Structure for Service Delivery

The submission notes that there is widespread dissatisfaction with governance and policy making, a lack of vision and leadership and lack of coordination of services within regions and provincially. In addition there are issues around the lack of integration of mental health services with other services such as housing, justice, correctional services, addiction services and acute care / primary care.

Basically they note that there is no coherent provincial mental health care system and the mental health services are isolated from the rest of health services. They note that there should be a Provincial mental health system and the establishment of a clear structure and provincial governance with authority to develop policy, plan for services and evaluation of services

Evaluation Process

The submission notes that Research activity has increased and the benefits are acknowledged. This activity needs to continue and be used to foster use of new technologies to overcome problems of access, encourage lifelong learning and reinforce standards of care.

An information system needs to be designed to track measures of clinical effectiveness. Finally, a range of health outcome measures needs to be developed province wide.

3. *Nova Scotia Hospital*

Executive Team
Other Key Information:

- Provides background information on the Nova Scotia hospital and a copy of the Central Region Mental health Plan

Summary of Submission:

Mental Health Services and Standards

There is a lack of integration between government departments to achieve adequate community based resources to support the seriously mentally ill. As a result it is very difficult to establish the kinds of housing, vocational-employment, social and other primary mental health supports that are required. There is inappropriate use of acute psychiatric beds, inappropriate mismatched community placements and over reliance on secondary and tertiary mental health services to fill the gaps. It is recommended that :

- Increased resources for the development of consumer led initiatives and vocational-employment options be available.
- The development of an appropriate continuum of housing and supportive living options to meet the needs of the seriously mentally ill.
- The development of a streamlined and responsive provincial classification system to ensure appropriate timely and accountable community-placement decisions to meet the needs of the seriously mentally ill.

A person with a mental illness must have access to a full range of services including hospitalization when necessary. Policy must recognize the cyclical nature of mental health problems. It is recommended that a primary mental health shared-care model of service be implemented for example the *Central region Mental Health Plan.*

Structure for Service Delivery

Recommends that a single governance authority and provincial mental health plan be created similar to Cancer Care Nova Scotia. Recommends the implementation of an evidence-based model service delivery such as the Nova Scotia Early Psychosis Program developed in partnership between Dalhousie University and the Nova Scotia Hospital.

A health information strategy is critical in creating a more healthier efficient health system it is therefore recommended that an integrated mental health information management strategy be developed and implemented.

4. Family representatives from the Central Region and Care Providers across the province

Summary of Submission:

Mental Health Services and Standards

Strongly support the recommendations of the report *A New Step Forward* and urge the implementation of the recommendation regarding the development of a common vision for a comprehensive child and youth service with broad based community/stakeholder input.

They recommend :

- that accurate information on the epidemiological and demographic needs of children and youth be established and maintained throughout the province.
- Early intervention and prevention be core programs.
- Mental Health Services provide consultation and expertise to primary care, childcare workers and schools.
- Public education to reduce stigmatization be a component of prevention activities.
- Core services must have sufficient capacity and be appropriately funded.
- Rehabilitation be a long term component in the continuum for youth.
- Components of the continuum be delivered as close to home as possible.
- There must be investment to build capacity within the community based system to provide mental health services to children and their families.
- Children and youth services receive an appropriate share of resources.

Structure for Mental Health Service Delivery

Supports the regional and provincial structures to harmonize policy development and implementation as described in *New Step Forward*. Believes that the Children's and Youth Action Committee (CAYAC) provides a basis for such harmonization of policy direction at the interdepartmental level.

Recommends a governance structure which supports the system in three broad dimensions - macro functions (*e.g.* policy development), micro functions (*e.g.* policy implementation), and Linkage function *i.e.* smooth mechanism to allow for communication and co-ordination across macro and micro functions.

Sees the recent creation of District Health authorities as a positive step upon which to link the system.

Roles and Responsibilities

The DOH role be confirmed as policy development, standard setting, funding, and system evaluation.
The DHA and Provincial Health Centre roles be confirmed as policy implementation, direction of resources to achieve standards and program evaluation.
A linkage mechanism be established between the DHA's and the PHC through the establishment of a provincial leadership committee to provide a shared accountability mechanism among service providers.

Evaluation

It is recommended that:

- A provincial information base is needed to support planning and clinical/management decision making.
- The focus of evaluation and research should be into the etiology, perpetuating factors, and treatment efficiency and effectiveness of mental illness.
- There should be support at all levels for the integration of research, evaluation and clinical practice.
- Using the document *Healthy People 2000 Review* (1998/99) as a guideline, set a minimum of three measurable goals to improve mental health status of children and youth and measure system effectiveness in achievement.

5. Central Region Continuing Care Providers (District 9)

Other Key Information:

- The Continuing Care Providers are a group of administrators and senior managers from nursing homes, community based services and home care.

Summary of Submission:

Mental Health Services and Standards

- There needs to be more support and resources provided to community based services to adequately deal with the increasing number of behaviour problems being presented by the clients.
- There is inadequate access to assessment services and appropriate treatment from mental health specialists.
- There is inadequate access to crisis support during periods of acuity ~~and a~~ lack of support for service development the community.

Structure for Service Delivery

This group recommends development of a cohesive model that would provide the right service at the right time in the right place by the right professionals.

Western

6. Shelburne Mental Health Centre

Summary of Submission:

Mental Health Services and Standards

They note that current gaps in service are:

- Shortage of psychiatrists
- Lack of transportation to access services
- Lack of resources for assessment and follow up for intellectually challenged adults and children

Structure for Service Delivery

They support the concept of community based mental health services. They also note that rather than re-invent the organizational structure, attention should be paid to resource requirements and specifically to discrepancies in availability of resources in rural and urban areas.

Roles and Responsibility

We need to continue to encourage discussion amongst all key players and to continued involvement of consumers.

Evaluation Process

Evaluation of the system should examine accessibility, range of services offered, perception of services by community and input from consumers and staff.

7. Nursing Staff, Inpatient Mental Health Unit, South Shore Regional Hospital

Summary of Submission:

Mental Health Services and Standards

They note the need for a full range of services delivered as close to patients' home as possible. The need to address the marginalized lifestyle of the chronic population was also noted.

Specific areas of need / concern are:

- Access to acute care
- Follow up and support upon discharge
- Reintegration services
- Assistance with connection with natural community services
- Educational programs
- Housing
- Access to tertiary care locally rather than in metro
- Beds regionally for specialty populations

Over all, the system requires more resources.

Structure for Service Delivery

The group voices concern about changes in the structure of the system and how these changes may have a negative impact on the services they currently provide.

8. *Valley Regional Hospital*

Peter Kiefl

Summary of Submission

Mental Health Services and Standards
Services should be based upon evidence of need (the determination of need includes empirical research but is not restricted to this). Planning should also be based upon evidence from utilization of services.

Structure for Service Delivery

There should be a single program envelope for funding of mental health services in the province.

Funding should be on a per capita basis and should be non-portable. The province should establish a target of funding for mental health that reflects the research evidence as to the prevalence of mental health and its economic and social impacts.

A program management model should be used at the provincial and district levels to facilitate planning and co-ordination of services.

Roles and Responsibilities

The role of the Department of Health should be to set core services and standards for those services. This should be done with input from the service delivery component of the system. The DOH should be responsible for addressing the legislation requirements. This includes the need to review the Hospitals Act and other relevant legislation.

Service delivery needs to be accountable to DOH for funding and core services and standards and directly accountable to the community it serves. Decision-making needs to be as close to the community of service as possible to ensure this accountability.

Community and consumer involvement ought to be defined as to the parameters so that there is a clear understanding of appropriate boundaries.

Evaluation Process

The DOH should develop an evaluation strategy with input from the service delivery component. The strategy should address the accountability and reporting requirements of the government. This necessitates establishing an enhanced information system for data collection and reporting. The evaluation strategy should be a core program with appropriate funding.

Workload measurement for mental health does not capture the nature and complexity of the work done nor can it be easily standardized. Peer review should be incorporated into the evaluation process.

9. *Kings Regional Rehabilitation Centre – Valley Regional Hospital*

R. D. Mullan (Medical Director)
Alan Warner (Psychologist)

Summary of Submission:

Mental Health Services and Standards

One of the major gaps in service identified in the submission is the difficulty in discharging long stay clients to community based mental health outreach teams. This is a result of lack of resources and professional skills at the community level and the clients limited skills at accessing resources which do exist.

- The group of clients who have social, mental health and behavioral problems, are difficult to serve in the community.
- It is difficult to find appropriate services for the 16-18 year old group.

Structure for Service Delivery

As a regional service there are disputes about where resources really belong. The submission notes that providing the type of specialized service offered through the Kings Region cannot easily be provided in each district but rather must remain a regional resource.

They specifically recommend two approaches for this client (individuals with severe mental illnesses, functional deficits and disruptive and/or extreme behaviors) group.

- Enhancement of the psychiatric mental health treatment model
- Integrated mental health / community services treatment model

10. Kentville Mental Health Centre, Adult Service, Valley Regional Hospital

Dr. D. Roberts (psychiatrist)
Other Key Information:

- Proposal for district governance is included.

Summary of Submission

Mental Health Services and Standards

Opposed to development of larger psychiatric units through consolidation because of the negative affect on the ability to recruit and retain psychiatrists. Larger units mean heavier call back loads for psychiatrists.

Dr. Roberts suggests some strategies which may be helpful in recruitment and retention of psychiatrists.

Structure of Service Delivery

Believes it is essential to move to district governance, which will allow for greater autonomy within the local communities to develop a working relationship with community health boards and local consumers.

11. Valley Regional Hospital

P.P. George (psychiatrist)
Other Key Information:

- A proposed model of mental health and related services for the district is included

Summary of Submission:

Structure of Service Delivery

Provides a program outline that he believes may work well under the reorganization of health care in the District Health Authorities structure.

12. Kentville Mental Health Centre

Summary of Submission:

Overview they note concern that another restructuring will result in a loss of balance between mental health illness treatment and health promotion and a retreat to a narrower "treatment of illness" based service.

Mental Health Services and Standards

They note the need for:

- More focus on mental health promotion for consumers / families and continuation of the move toward more community based services delivered through partnerships between various providers
- Increased and coordinated services for seniors in collaboration with groups like Home Care, Adult Protection, etc.
- Earlier screening and intervention with young children in partnership with Education, Public Health and Family practitioners

Structure for Service Delivery

They want to see a structure that is more accessible and permits local input from consumers, community partners and front line staff. They also note that mental health services need to be recognized and supported as an integral part of the health system.

Roles and Responsibility

There is a need for more local involvement of a broader base of consumers in all facets of the program in partnership with service providers and other community groups and agencies.

Evaluation Process

Funding for services and programs needs to include resources and support for research and evaluation which will allow for service developed based on evidence based or best practice models.

13. Kentville Mental Health Centre – Adult Community Support Program

Elaine Arsenault, Suzanne Spicer, and Scott Umlah

Summary of Submission:

Overall, they note that they are concerned that proposed changes will mean that services will revert to more clinical focus and be less accessible for the disadvantaged.

Mental Health Services and Standards

They note the need for:

- More focus on mental health promotion
- More proactive services rather than reactive
- Increased supports for all groups (adults, children, seniors)

Structure for Service Delivery

- Mental health services need to be recognized and promoted as part of the mainstream health care system.
- Funds should be diverted from "costly" inpatient settings to community support services.

Roles and Responsibility

Relationships between community health boards and consumers could be improved by involving consumers more.

Evaluation Process

Services need to be evaluated by those who use them.

14. Yarmouth Inpatient Psychiatry Unit Staff

Summary of Submission:

Mental Health Services and Standards

Issues and concerns regarding services and standards are as follows:

- Access to community mental health services needs to be available after regular hours
- Provincial standards for admission criteria need to be established
- Services for geriatric psychiatry are needed
- There are limitations in accessing provincially specialized programs
- Recruitment issues for psychiatrists
- A more comprehensive set of community services need to be available

Structure for Service Delivery

Issues identified include:

- The management structure needs to be decentralized from a regional structure to a system whereby there is on site management
- There is a need for a workable interagency, multi-disciplinary structure
- Barriers to improving the current system include restructuring, instability in the health care system, funding and isolation.

Roles and Responsibility

Health care providers need to be asked for input on program development issues and be assured that the input is used.

Evaluation Process

There should be a quality improvement process with standards and indicators measuring performance, consumer advisory groups.

15. Western Regional Health Board – Valley Sex Offender Program

Joan Boutilier (Psychologist)

Summary of Submission:

The submission presents details regarding issues, gaps, strategies for improving mental health services which specifically relate to services for sex offenders.

16. Western Regional Health Board – Youth Justice Contract

Joan Boutilier

Summary of Submission:

The submission provides details regarding system issues, gaps in current mental health services as they specifically relate to the Youth Justice Contract and needs of youth offenders.

17. Western Regional Health Board

Anonymous mental health service provider

Summary of Submission:

The submission was submitted anonymously as it presents a viewpoint which is seen as contradictory to their employer.

Structure for Service Delivery

Basically, the submission points out that the current regional structure is seen as being detrimental to mental health services in the region. It is seen as a highly centralized administrative structure, isolated from staff as well as communities and consumers. A large regional administration is seen as taking much needed funds from direct clinical services.

18. Bridgewater Group - Centre Facilitators and Unit Managers

Summary of Submission

Mental Health Services and Standards

The top issues that need to be addressed by the review are:

- Continuing education for staff to keep skills improved
- Increased collaboration between public agencies
- Equitable and non-portable funding
- Greater local decision-making and budget autonomy

The following gaps in the current system were noted:

- Insufficient family doctors
- Insufficient psychiatrists
- Lack of residential housing options for 16-19 year olds.
- Lack of group treatment options

Structure for Service Delivery

- Need a single point of entry.
- Local Management structure which can implement decisions from a Clinical Advisory Committee.

Evaluation

Mental Health Services should be evaluated locally with local solutions at least until all regional programs look somewhat similar. The consumer should be involved in the evaluation.

19. Digby and Area Community Health board

Summary of Submission

Mental Health Services and Standards

The following issues were identified by the Board:

- Fewer services are available to rural residents than urban residents
- Difficulties of transportation are not addressed in the treatment process
- Lack of public awareness, education and prevention programs.
- Confusing for consumers trying to navigate the system.
- Lack of funds to develop new programs.
- Lack of mental health professionals.

Roles and responsibilities

The Digby Community Health Board would like to see more public education and would be willing to partner with the DOH to accomplish this goal.

Evaluation

Needs and service satisfaction assessments should be done independently of the system on a regular basis preferably by consumers.

Eastern

20. Eastern Regional Health Board

Summary of Submission:

Mental Health Services and Standards

Gaps in Core Programs:

- Access to psychiatrists in timely fashion (resources issue)
- Wait list for mental health clinicians in general
- Psychogeriatric needs addressed in metro Halifax only
- Adolescent care needs
- Lack off community outreach mental health supports
- Lack of prevention / promotion programs
- Lack of funds for mental health resources to serve large geographical areas
- Other issues:
- Lack of core standards

Structure for Service Delivery

The submission includes a model for integrated service delivery. Key features of that model include:

- Mental Health services developed at community level
- All players (including consumers) collaborating with communities they serve
- Structure needs to address issues of prevention / early intervention, self-help
- Must be a collaborative team approach, not physician driven
- A DHA mental health program planning committee must support local process between mental health and health providers

Roles and Responsibility

Consumers / Family:

- Need to be involved to a greater extent than they currently are

Family physicians / other mental health providers:

- The role of family physicians and other providers needs to be recognized and linked to specialized resources

Non-government organizations:

- Broad determinants of health need to be recognized and allowed for in allocating resources and coordinating services

Evaluation Process

Attention needs to be paid to evaluation of mental health services. Evaluation should occur but needs to look at the community as a whole not only those who are receiving services. That is, measuring satisfaction of people receiving services does not identify the fact that many people are unable to access the services.

21. Cape Breton Health Care Complex

Other Key Information:

- Includes program descriptions and budget information

Summary of Submission

Mental Health Services and Standards

A number of serious challenges exist that compromise the ability to provide effective and efficient mental health care. They include:

- Inadequate funding and resource allocation. Current funding fails to take into account the special challenges faced in the Cape Breton Regional municipality with respect to poor socio-economic conditions, demographics and an inadequate public transportation system.
- A system of funding services labelled as provincial tertiary which are in fact secondary services and which are inaccessible to the residents of Cape Breton.
- Lack of alternative residential facilities/supports for difficult to place long-stay psychiatric clients.
- Intersectoral obstacles to the provision of co-ordinated care.
- Problems recruiting and retaining general and specialized psychiatrists
- Difficulties associated with rural service delivery.
- There are significant gaps in the service delivery of community based services.
- Additional pressure on the system include an aging population of psychiatric patients as well as a growing number of psychogeriatric patients.

The Cape Breton Health Care Complex makes the following recommendations:

- Funding should be reviewed in light of anticipated changes to the catchment area of the Cape Breton Health Care Complex.
- A clear rationale must be developed for the identification of mental health services that should be offered regionally and locally.
- The Steering Committee should continue its mandate to identify core services required in each region and their associated standards. Adequate funding should be available to permit each region to provide these services. Funding should remain non-portable.
- The recommendations of A *New Step Forward* should be implemented.
- A provincial strategy should be adopted that provides incentives for general and specialist psychiatrists to practice in Cape Breton.

Structure for Service Delivery

The process of regionalization should continue with the majority of mental health services planned, managed, delivered and evaluated at the regional/district and local levels. Only a restricted number of services should be offered at the provincial level.

Roles and Responsibilities.

The development of mental health policy and the identification of core services and the development and monitoring of standards for service delivery should continue to be with the Department of Health.

The formal mental health care system must consult with Community Health Boards, Mental Health Advisory Committees, consumer and family groups, non-government organizations and other stakeholders in the development and evaluation of services at all levels.

It is also expected that processes will be put in place to ensure local input into regional/district initiatives.

22. Eating Disorders Clinic, Cape Breton Health Care Complex

J. Gainer, Clinical Coordinator
Other Key Information:

- A description of the program is included

Summary of Submission

Mental Health Services and Standards

The single most important factor challenging the quality of existing services and the continued development of early identification and prevention initiatives is the limitations imposed by the current staffing of the clinic.

General epidemiological data suggest that more efforts are needed to bring a full range of services to individuals outside the industrial area. Regular travelling clinics or screening days coupled with in-service training and consultation to local service providers within smaller communities would likely be the best process to improve accessibility.

Evaluation

Pre-post outcome evaluation as well as routine quality assurance monitoring will be formally established for the eating disorders program.

Northern

23. Aberdeen Mental Health Services

Summary of Submission:

Mental Health Services and Standards

Specific issues or areas of concern identified include need for:

- Per-capita equitable distribution of provincial resources
- Action on recommendations from previous reports, particularly the Provincial Review of Children's Mental Health Services
- Access to tertiary beds for certified and medium to long stay admissions
- Psychosocial rehabilitation services for chronically mentally ill.
- Designated staff to provide:
  - Prevention / promotion activities
  - Recruitment and retention strategies for psychiatrists
  - Completion of Core Services Standards

Structure for Service Delivery

Changes to the structure for service delivery will result in:

- Loss of momentum in addressing per capita funding disparities
- Loss of ability of local service providers to manage resources in most appropriate way to meet community need
- Further reduction in access to services if resources reduced or centralized
- Need to establish a Provincial Mental Health Steering Committee with teeth to allow for equitable resource allocation, monitoring of core services delivery and ensuring quality. Must have equal representatives from all districts of the province
- Mental health services need to be an integral part of the larger health care system
- Mental Health Services should be organized with resources and accountability at the local level to the DHA.

Roles and Responsibility

- Need increased involvement of consumers at all levels of decision making
- Relationships between various players of the system need to be structured through a provincial body which serves agreement established and monitored

Evaluation Process

- Need to have a provincial system to monitor delivery of core services
- Need to cooperative efforts at moving research and education activities from academic center to rural practice settings to ensure access to best practice information on programs and services.

24. Northern Regional Health Board Medical Staff – Aberdeen Hospital

Gerry Farrell, President, MEC

Summary of Submission: (submission #1)

Mental Health Services and Standards

The main issues identified were the poor accessibility to outpatient psychiatric services in the area and concerns regarding the closure of the Aberdeen Mental Health Short Stay Unit. A specific concern is access to community programs and linkages between the same and Truro unit.

Structure for Service Delivery

Concern about the loss of the regional concept and establishment of the District Health Authorities.

25. Northern Regional Health Board Medical Staff – Aberdeen Hospital

Dr. Peter Lee, M.D. (Head, Dept Family Practice)
Dr. Patricia Craig, M.D. (Family Practice rep to MHC)

Summary of Submission: (submission #2)

The concerns noted in this submission are all related to the closure of the Aberdeen Mental Health Short Stay Unit and how this will impact on services overall. Specific concerns are as follows:

Mental Health Services and Standards

- Need for further psychiatric outreach programs in community
- Day program linked to acute care beds

Structure for Service Delivery

- Closure of the Aberdeen MHSSU will result in loss of community support for the MHSSU patients
- Cooperation from Truro re: Pictou County patients needs to be addressed.

Roles and Responsibility

Closure of the MHSSU will have major impact on patients currently using these services.

26. Northern Regional Health Board – Senior Executive Staff

David Rippey (CEO)

Summary of Submission:

The submission focuses on organization and structure, however provides some feedback on adequacy of mental health.

Mental Health Services and Standards

The submission notes that the current focus on early intervention and services to children and youth is an appropriate way to move toward promoting mental health and will result in reducing the burden of illness in the future.

- The issue of recruitment and retention of psychiatrists needs to be addressed
- The provincial share of health care resources devoted to mental health need to increase

Structure for Service Delivery

They note that:

- Mental health community and inpatient services need to be integrated to provide a full range of services from health promotion to primary care to regional and tertiary level services
- Further mental health services need to become integrated within the larger health care system
- Mental health services should be organized with a district health authority structure rather than separated within a provincial commission
- Within the district health authority mental health services should be managed and administered in the same way as all other programs
- Governance should follow the same as for any district health authority

27. Colchester Regional Hospital

Mental Health Services Team

Summary of Submission

Mental Health Services and Standards

The following issues were identified:

- Lack of provincial vision
- Lack of empowered, integrated collaboration of all government departments in the planning and development of services to mental health consumers.
- The need for adequate, equitable mental health budgets in all areas of the province.
- lack of appropriate placements for children and adolescents requiring inpatient and residential services.
- The lack of incentives for psychiatrists to move to and remain in rural mental health facilities.
- The lack of resources to serve target populations

Structure for Service Delivery

The development of a stable governance structure which clearly defines accountability and permits centralization of appropriate functions while allowing the development of services to take place at the local level is required. A provincial Committee with strong representation from the rural areas with the mandate and budget to direct the necessary changes is suggested as a possible structure.

Establishment of stable, equitable, non-portable funding is required.

Roles and Responsibilities

Believe that consumer input is valuable and that formalized input from family physicians is required. Believe that the Community Health Board will provide a valuable linkage for consumer and community input.

Evaluation

The following mechanisms to evaluate mental health services are suggested:

- System processes - communication/decision making process, adequacy and utilization of resources, budget and clinical plans.
- Service processes - client and outcome focused, evidence of best practice processes, clear lines of authority and accountability.

Tools to gather data need to be developed and proven. Reporting process need to be regular, transparent and ongoing.

28. South Colchester Community Health

Linda Russell, Vice Chairperson

Summary of Submission

Mental Health Services and Standards

The four issues that were considered by the Board to require change are:

- Increased public education as to the available mental health services in the Northern region.
- Quicker accessibility to mental health services.
- Equality of services regardless of locality.
- Adequate funding
- Need to address shortage of psychiatrists and psychologists.

It is suggested that Mental health Services meet on a regular basis with other departments to address concerns.

Structure for Service Delivery

Local public input be encouraged by visiting local areas with specific topics. Presence of Mental health Services at the District Health Authority meeting would be beneficial.

Evaluation

Evaluation of mental health services could be through surveys for clients and members of the multidisciplinary team administering these services.

29. *Cumberland Psychiatric and Mental Health Services (Highland View Regional Hospital)*

Catherine Thurston Regional Director of Mental Health Services
Other Key Information:

- Descriptions of various programs and budget information are included in the submission

Summary of Submission

Mental Health Services and Standards

- Recruitment and retention of psychiatry and other clinical professions is a major issue for rural areas.
- Lack of public transportation in the county is a major concern for clients.
- Spiraling cost of psychiatric medications is a major problem.
- Providing day treatment programs for adolescents in a rural area with a small population is very difficult.
- There are a lack of placements and programs for the chronically mentally ill. There is no supported housing or supported vocational programs.
- Inequity of funding for the Northern Region is a major concern

Structure for Service Delivery

A provincial mental health steering committee with ample and appropriate urban and rural representation from District Mental Health Services is required.

Responsibility should be given to the District Mental Health Services of the District Health Authorities to design, deliver and evaluate Mental Health Services in accordance with provincial standards and local needs. Strong district/regionally controlled community based services from the primary to secondary and some tertiary levels are essential.

A regional body of DHA's/Mental Health Services is required to design co-ordinate and deliver joint and regional programs.

Local input into planning and evaluation must continue. Partnership with other departments and agencies can work well as demonstrated in several projects (BEST, ADHD clinic, Family Help).

30. Northern Regional Child and Adolescent Psychiatric Services

Dr. Pippa Moss Co-ordinator of Northern Regional Child and Adolescent Psychiatric Service
Other Key Information:

- The northern region has implemented a model of psychiatric service delivery for rural areas. Information on how the model works is included in their submission

Summary of Submission

Mental Health Services and Standards

- Mental health services is under funded and the under funding of mental health care for children is even more profound.
- The Northern Region receives fewer dollars per capita than any other region
- There are limited diagnostic and treatment services for special needs pre-schoolers and challenged parents of pre-schoolers.
- There are significant deficits in services for children with ADHD, learning difficulties and autistic disorders in the school system.
- Limited resources for children to teach social and coping skills.
- Limited resources for depressed teens.
- No intensive outpatient/day hospital treatment services for children
- No adequate programming for short term, crisis and medium term inpatient services.
- Long waiting lists
- Lack of a full range of services required to evaluate and treat children.
- Shortage of child and adolescent psychiatrists.

31. General Physician

Dr. David Blair
Other Key Information:

- A proposed model of mental health and related services for the district is included

Summary of Submission

Mental Health Services and Standards

Dr Blair notes that 85-95% of all patients seen through the Mental Health Department are referred by a family physician. With this in mind he makes the following recommendations:

- Family physicians should be able to refer directly to psychiatrists or psychologists within the Mental Health department.
- Psychiatrists and psychologists should be able to delegate to allied health professionals while still having control over the care of their patients.
- Psychiatrists and psychologists should provide the family physician with timely updates on the progress of their patients.
- Psychiatric observation beds would facilitate efficient emergency care.
- The team approach should be encouraged but must be centered around a leader which should be the family physician.
- The National Shared Care Initiative between the College of Family Physicians of Canada and the Canadian Psychiatric Association should be used as a core principle upon which the rest of the mental health and psychiatric services should be built on.

A recruitment and retention committee should be set up and start by reviewing those factors that will retain current psychiatrists.

32. North Shore Area Community Health Board

Elizabeth Semple, Chairperson

Summary of Submission

Mental Health Services and Standards

A lack of mental health services, under funding, long waiting lists and the stigma attached to metal health illness are the major concerns of this group.

The health board has received many letters from principals in schools complaining of the lack of services for children and adolescents who are disruptive in schools. Guidance counselors are not adequately trained and there are too few child psychologists for the school district. Early intervention in the schools is essential. School administrative policy must change to allow limited resources to be more effective.

Adults also have great difficulty accessing required services. The only route to get placed on a waiting list is through a family doctor many adults do not feel comfortable with this route.

Structure for Service Delivery

The Board recommends a Community Service Centre be established which would offer a wide range of services including family planning, debt counseling, parenting skills, employment counseling, and educational programs for mental health awareness.

Community Agencies

33. Adsum House

Anne Le Blanc
Other Key Information:

- Adsum House is an Emergency Shelter for Homeless and Transient Women and their Children – Program information included in submission

Summary of Submission:

Comments focus on **Mental Health Services and Standards**. She notes that women who use Adsum House often have mental health issues, however are not able to access the services of psychiatrists or psychiatric nurses on a timely basis. Although they have access to excellent mental health professionals in the community, they note that overall, there needs to be improved awareness, more resources and quicker responses in delivery of services.

34. Self-Help Connection

Jean-Pierre Galipeault
Other Key Information submitted:

- Provincial, non-profit charitable organization promoting self-help / mutual aid development (consumers)

Summary of Submission:

Mental Health Services and Standards

Policy has not moved beyond status quo. The group indicates that any future mental health strategy must provide resources to enable consumers to participate meaningfully in their own care. The availability of a supportive community should be the first and foremost component of a mental health policy framework. They cite a document (Community Mental Health Supports for Adults; Sub-Committee Charter Document, 1999) as providing reasonable approaches to service delivery at the same time as supporting the role, capacity and skills of mental health consumers.

Structure for Service Delivery

Changes to more than four District Health Authorities is seen as problematic (not enough time has passed to determine effectiveness of Regional Health Boards).

Roles and Responsibility

Consumers must have meaningful involvement. Recognition must be given to health determinants such as adequate housing, income, work, education in assisting consumers in

their recovery and maintaining mental health. Also the influence and importance of protective factors and reduced risk.

Evaluation Process

- Must look beyond consumer satisfaction and include measurement from a capacity and strengths perspective of consumers and community as a whole
- Emphasis should be on policies impact on improving the mental health of the community as a whole

35. Digby Centre

Summary of Submission:

The main point made in the submission is that the system should not be subjected to further changes. The system is stabilizing in many areas and should be allowed to continue without more structural change.

36. Highland Community Residential Services

Hilary Amit (Executive Director)

Summary of Submission:

Mental Health Services and Standards

- Need for effective day programming to complement efforts of the mental health centres community Mental Health Initiatives.

Structure for Service Delivery

Consolidation of Aberdeen Hospital's Short Stay inpatient unit into programs at Colchester Regional Hospital is viewed as a step backwards, and continues the tradition of under funding of mental health services in Pictou County and the Northern Region

37. Continuing Care / Home Care

Dean Hirtle (Director LTC)
Sandra Cook (Director Home Care Nova Scotia)
David Chadwick (Director Continuing Care Operations)

Summary of Submission:

Mental Health Services and Standards

- Needs to address the mental health needs of clients in home care and nursing homes, including appropriate services and cost effective approaches for delivering services

Structure for Service Delivery

- Need to address the linkages between the continuing care system and mental health

38. Pictou County Council of Churches

George Dewey, Secretary

Summary of Submission

Mental Health Services and Standards

The Council of Churches major concern is the proposal to close the short stay psychiatric unit at the Aberdeen Hospital. The council feels strongly that the short stay unit is a necessary health care service for the Pictou County and urges the government to reconsider its proposal.

39. Eskasoni Community Health Centre

Summary of Submission

Mental Health Services and Standards

The Eskasoni Health Centre requests the development of a small options home for the aboriginal mentally ill. Such a home will allow the de-institutionalization of the aboriginal mentally challenged and integration into a loving home and community.

40. Cumberland Early Intervention Program, Amherst

Other Key Information:

- Cumberland Early Intervention Program is a registered charity, a description of the program is included in the submission
-

Summary of Submission

Mental Health Services and Standards

The following issues are identified:

- Inequitable funding - the Northern region is under-funded on a per capita basis compared to other regions.
- Insufficient funding causes service gaps and long waiting lists for mental health services.
- Higher priority should be given to prevention and early intervention services.

Structure for Mental Health Service Delivery

There has been an increase in contributions and leadership from mental health Services in local and regional community and interagency partnerships for example the BEST Regional Interagency Project. Strategies to change mental health Services should provide support, structures and resources which enable progress to continue toward community responsive interagency service provision.

41. Metro Community Housing Association

Brenda Ebel

Summary of Submission

Mental Health Services and Standards

The Housing Association sees access to hospital based mental health services as the biggest challenge faced by mental health consumers. Barriers to accessing hospital services include lengthy waiting periods in emergency waiting rooms during a crisis time; a shortage of psychiatrists; and a shortage of hospital beds leads to long waiting lists.

Structure for Service Delivery

The division between the Department of Community Services and the Department of Health leads to a fragmented delivery system. There should be one department.

42. Crossroads (Clubhouse Program)

Summary of Submission

Mental Health Services and Standards

Crossroads primary concerns are:

- A lack of decent, affordable housing units in the community
- There are conflicting values and beliefs between the rehabilitation promoted at clubhouse and other services who are involved with the same individual.
- There is a lack of understanding about individuals with mental illness.
- Consumers are in need of greater financial stability and access to more opportunities which will support a full life such as work, education, and relationships.
- Increased access to transportation is necessary to promote full community involvement.

Structure for Mental Health Service Delivery

Communication within and between services and agencies needs to improve. Stronger community partnerships are required to better attend to the needs of individuals.

Roles and Responsibilities

Consumers, service providers, families and decision makers need to become more educated on strategies to ensure and support meaningful consumer participation in program and policy development.

Evaluation

Stories of consumer recovery and personal rehabilitation need to be captured and utilized in the evaluation and development of services.

Standardized expected outcomes for rehabilitation services including housing, community services, employment services, education, support services *etc.* need to be developed and evaluated.

43. Family Service of Antigonish

Cameron MacDougall

Summary of Submission

Mental Health Services and Standards

The following issues were identified as requiring change:

- There is a need for more community outreach services.
- The need for more mental health promotion.
- The need for coordinated care in service delivery.

- The need for more human resources.

The Family Service of Antigonish is opposed to the closure of the short-stay psychiatric unit at the Aberdeen Hospital.

It is recommended that an additional 2% of the annual health budget be directed to mental health services.

Structure for Service Delivery

The government should establish community health boards. These boards would be responsible for planning mental health services and facilitating the evaluation of mental health care. With broad community representation these boards would create ownership of mental health issues. The community mental health boards will serve as an advisory body to the Minister of Health.

Evaluation

Different programs require different evaluation tools. The proposed community health boards should provide an annual evaluation on publicly funded programs and services in the community.

Evaluation should reflect both consumer and provider perspectives. Families should also be included in evaluation to make sure they are receiving support and accessibility to services required by themselves and the consumer.

Results of research should be available through a computer data base network.

Government should set aside funds for pilot projects.

44. Celtic Community Homes

Mary Breen (Clinical Director)
Blaine Chisholm (Program Manager)

Summary of Submission

Adequacy of Mental Health Services and Standards

- Funding is currently tied to the individual which does not allow agencies to assist others who need help because they only receive funding for current residents.
- The current funding system supports illness rather health.
- The current system is geared towards housing not rehabilitation.
- Celtic homes would like to see a system where a client could work without losing community service benefits.
- Social stigma is still a reality in the field of mental health. Much more needs to be done to raise public awareness on mental health issues.

Structure for Mental Health Service Delivery

A recent innovation that has been very helpful has been the creation of community mental health nurses. These nurses serve as the contact person for mental health services and allows the community agencies to share in input and planning for their clients.

45. Second United Baptist Church, New Glasgow

Audrey Dicks

Summary of Submission

States their opposition to the closure of the short-stay mental health unit at the Aberdeen Hospital.

46. Riverview Home Corporation Adult residential Centre, Stellarton

Charlene Thomas, Administrator
Other Key Information:

- Riverview home is a centre for mentally challenged adults and post mentally ill clients

Summary of Submission

Mental Health Services and Standards

The top four issues for Riverview House are:

- The inability to access in-patient support, admission and stabilization during client illness crises.
- The inability to access psychiatric assessment and psycho tropic medication reviews.
- Ineffective consultation and case planning between Riverview and Mental health Services.
- Lack of awareness of the expertise and limitations of staff at Riverview.

There is a lack of psychiatrists and other mental health professionals often lack the expertise required in treating and counseling or developing strategies for the mentally challenged.

There is a lack of understanding of the continuum of care as it relates to the mentally challenged at times a protection like response makes collaboration with Mental Health Services difficult. Many mental health services are unavailable during the evening and at weekends.

Structure for Service Delivery

Stronger links need to be developed with services such as Riverview. Such links could be used for case planning which would be more cost and time effective.

Ensure that any single entry system would incorporate a psycho-social rehabilitation framework and functional assessment tool.

Roles and responsibilities

Riverview would like to be viewed as equal partners in the collaborative care and planning for their mutual clients.

Evaluation

Consumer surveys including facilities.
External evaluation of services at least annually. The results could provide a strategic plan for the following year.

47. Children's Aid Society of Shelburne County

John K. Hinton (Executive Director)
Other Key Information:

- Also included report New Initiatives for the New Millennium

Summary of Submission

Mental Health Services and Standards

Child and adolescent mental health services are very lean. Inpatient services and facilities are inadequate. There are too few residential facilities. Child welfare residential centres cannot cope with the added number of youth who would have been admitted to a psychiatric facility.

Structure for Service Delivery

Does not support the view that integration of Child Welfare into the Department of Health would provide a better continuum of care. However the two services could co-operate much more efficiently than they do. The Children's Aid Society of Shelburne County and the Department of Community Services have formed a new centre called Family and Community Support Services. This service is family and youth centered It addresses all aspects of intervention with children and families and has numerous prevention and intervention strategies for early childhood development.

Co-ordination must come from the local communities and their institutions. It cannot be forced or directed from the top. The government's role is to provide an environment in which co-operation can emerge.

48. Children's Aid Society of Pictou County

Jim Hale, President

Summary of Submission

Mental Health Services and Standards

The Society has been concerned for a number of years about the long waiting list for children's mental health service at Aberdeen Hospital. The long waiting lists have forced the Society to pay for private services at a considerable cost. A lack of appropriate and immediate inpatient services for children in crisis is also a major concern. The Society is also concerned that no noticeable changes have occurred since the last major review of children's mental health services two years ago.

49. Open Door Society

Other Key Information:

- The Open Door Society provides life skills training, support, advocacy and socialization to persons with long-term mental health problems

Summary of Submission

Mental Health Services and Standards

- Need to move away from the medical model approach and look at the all the needs of the consumer *i.e.* a holistic approach which would include housing, food and lifestyle.
- Health care professionals must find a method of sharing information and providing consistent care- the use of case managers is suggested as a possible solution.
- There is a lack of professional services and an inability to retain service providers.

Structure for Service Delivery

- Doctors need to have more immediate access to psychiatry for evaluation of their patients.
- The Mental health Department should provide education to other departments about the best way to service people with mental health problems. It should also provide the community with information and assistance.
- A funding mechanism should be identified so that all components of mental health services can access funding and to reduce the competition for funds among service providers.
- The main focus of any changes to the mental health system should be the consumer. We must learn to listen to their needs.
- Regular consultation with pharmacists would be beneficial for the overall health of the consumer.

Evaluation

Mental health services need to be evaluated in a professional manner by an independent review board. The good things about these services need to be enhanced and those that are not working need to be changed or deleted.

Consumers

50. Eating Disorders Action Group

Other Key Information: Non-profit consumer driven organization

Summary of Submission:

Mental Health Services and Standards

The group notes the importance of providing resources for health promotion, prevention and education. They also note that services must be accessible in a timely manner (4 month waiting list is unacceptable)

Structure for Service Delivery

The role of groups like the Eating Disorders Action Group in providing crucial information to families, friends, professionals and people with eating disorders need to be recognized by Community Health Boards.

Roles and Responsibility

Groups like this should be provided resources to undertake their support role and to provide training to professionals from a consumer perspective.

51. Cornwallis Club

Heather Rice (Club Secretary)

Summary of Submission:

The group noted the need for:

- Supported transitional employment
- Seed money for small business ventures
- Development of a consumer run centre to assist people with disabilities
- Continued funds for club activities

52. Western Empowered Consumer Action Network (WE CAN)

D. Greg Buckler

Summary of Submission:

The submission outlines the consumer involvement within the Western Regional Health Board and fears about erosion of this with proposed changes.

Structure for Service Delivery

He recommends that:

- The administration and personnel of the Mental Health Program for the Western Region be maintained.
- Continued participation of the consumer in planning and delivery of programs be encouraged

Further initiatives involving the consumer in planning and development of mental health programs be developed

53. Carol MacMillan

Summary of Submission

Mental Health Services and Standards

The Individual care provider for a relative who is a mental health consumer. They are extremely concerned about the proposal to close the short-stay mental health unit at the Aberdeen Hospital. They considered it the backbone of the mental health system in Pictou County.

54. Antigonish Guysborough Persons with Disabilities Coalition

Summary of Submission

Mental Health Services and Standards

- The area of Antigonish needs more psychiatry staff
- The shortage of inpatient beds leads to inappropriate early discharge
- There is lack of continuity in support during re-entry into the community
- Lack of sheltered workshops, drop-in centres, or supported environments outside the hospital
- Long waits between appointments mean people are not followed up on a timely basis and become ill again requiring hospitalization creating a cycle of illness

Progress has been made in the co-ordination and integration of services. The introduction of psychiatric home care is a positive move.

Structure for Service Delivery

A combination of the medical and social model of treatment is preferred. A holistic approach to mental health is required.

The local system does not overtly encourage local input but there is an openness to suggestions from local organizations.

Roles and Responsibilities

See their role as encouraging appropriate use of services and as being part of the team responsible for individual health. Would also provide input on the function of the system and make recommendations for improvement.

The government should make an effort to be part of the team educating the general public and service providers on mental health issues.

Evaluation Process

Consumers should be polled on a regular basis to see how they are doing. Positive outcomes are difficult to measure quantitatively, but an overall survey of care givers and consumers could give good indications of how things are going.

55. Northern Nova Scotia Parents of Autistic Children's Support Group

Wanda MacLean and Denise Snow

Summary of Submission

Mental Health Services and Standards

The following suggestions were made:

- Mental Health must join forces with education and other government services to form partnerships and co-ordinate service for autistic children
- Mental Health should have an occupational therapist trained in sensory integration on staff in each region.
- There is an urgent need to develop expertise in autism and related disorders.

56. Antigonish Consumer Group

Tara and Debbie MacGoor

Summary of Submission

Mental Health Services and Standards

The following issues were raised by this group:

- Lack of access to the system
- Lack of specialists
- Lack of attention during visitations. Wait months for a 15 to 30 minute consult.
- Need for more rehabilitation programs.
- Need for more help in finding suitable employment and more career planning.
- No bridge between hospital and the community such as halfway houses.
- Shortage of hospital beds.

As consumers they need back-to-work programs, leisure activities, more education on how to cope with mental illness, more information on drugs and their side-effects.

Structure for Service Delivery

The mental health system does not encourage local input. Ideally family and patients should be on health care boards not professionals.

Evaluation Process

Mental health services should be evaluated by providers and consumers equally.

57. Family Representatives from Central Region and care providers from across the province

Summary of Submission:

Mental Health Services and Standards

- Implement the *"New Step Forward"* recommendation regarding the development of a common vision for a comprehensive child and youth service with broad based community/stakeholder input.
- Emphasize early intervention and prevention to reduce prevalence. Early detection and intervention activities should be core programs. Core services must have sufficient capacity and be appropriately funded and staffed.
- Achieve multiplier effects by formal mental health services providing consultation and expertise to primary care, child care workers and schools.
- The continuum for youth should contain a long term component for habilitation and rehabilitation. The components of the continuum should be delivered as close to home as possible. The point of entry should be child friendly and configured in such a way as to facilitate access.

Structure for Service Delivery

Supports the recommendations of *"A New Step Forward"* regarding structures required to harmonize policy development and implementation.

Supports the establishment of District Health Authorities.

Recommends that a linkage mechanism be established between the PHC and the DHA's through the establishment of a Provincial Leadership Committee.

Roles and Responsibilities

The DOH role be confirmed as policy development, standards setting, funding and systems evaluation for children's mental health services.
The DHA and PHC roles be confirmed as policy implementation, direction of resources to achieve standards and program evaluation. The DHA's and PHC would be accountable to their respective boards.

Evaluation Process

A provincial information base is needed to support planning and clinical/management decision-making.
The focus of evaluation and research should be into etiology, perpetuating factors and treatment efficiency and effectiveness of mental illness.
Using the document "*Health People 2000 Review*" as a guideline a minimum of three measurable goals to improve mental health status of children and youth should be set.

Associations

58. Association of Psychologists of Nova Scotia

Susan Hartley (President) and Valerie Corkum (President-Elect)
Other Key Information submitted:

- *Strengthening Medicare: The Role of Psychology in the Health of Canadians and in the Development of the Canadian Health Care System*
- *Who Uses Psychological Services in Canada*

Summary of Submission

Positive aspects of the current mental health system:

- Increased funding to mental health services within rural regions particularly child / adolescent services
- Joint initiatives between health and departments of Education, Community Services and Justice
- Expansion of range of professional disciplines represented in each region and inter-district approach and "consumer friendly options"
- Increase in number of psychologists offering services
- Consumers are more educated about psychologist services and requesting the same

Mental Health Services and Standards

Move toward viewing mental health services as generic does not allow for consumers to access the specialized expertise of the various professions and leads to use of uncredentialed, unregulated individuals for clinical services

Structure for Service Delivery

Access to services is problematic:

- Long waiting lists for services
- Rural regions, socio-economic issues such as unemployment and transportation limit access
- Specialized services (day treatment, inpatient beds for children and adolescents) are needed

Roles and Responsibility

They see the use of Psychologists through the publicly funded system as a means to addressing some of the current access issues

59. Nova Scotia Psychiatric Association

Deborah Elliot

Summary of Submission:

Mental Health Services and Standards

Main issues noted revolve around recruitment and retention of psychiatrists. This involves payment methods, CME, role of psychiatrists within new shared care models and decision making

Structure for Service Delivery

Move toward regionalization is seen as negative - move toward consumer involvement results in anti-psychiatry sentiment

Roles and Responsibility

Psychiatrists need to have a key role in system design and delivery systems

Evaluation Process

Need less politically based decision making - more transparent process

60. Deafness Advocacy Association Nova Scotia

Linda Leliène (Executive Director) and Stephanie Bishop (MSW)

Summary of Submission:

Main issue for the Association is that there are no mental health services or practitioners for deaf individuals. This seriously limits access to mental health services. These individuals must rely on their friends or family members to interpret for them. Changes in the system need to address needs of groups like the deaf.

61. Provincial Health Council

John R. Dow (Executive Director)
Other Key Information submitted: Documents #64,65, 66, 95, 118, 119 also submitted by PHC

Summary of Submission:

In the fall of 1998 the Provincial Health Council established a Mental Health Review Committee to review mental health services - recommendations are as follows.

Mental Health Services and Standards

A full range of mental health services needs to be available. Mental health promotion, prevention, early identification and intervention need to be emphasized for children, adolescents and their families.
The discrepancies in availability and accessibility of services between urban and rural areas and for cultural groups (e.g. First Nations) need to be addressed.
Finally, the need for each health district to have access to the full range of mental health professionals and close collaboration and effective use of primary health care providers is identified. This should include increasing the role of family physicians in the provisions of mental health care. Recruitment and retention of professionals outside the metro area needs to be addressed.

Structure for Service Delivery

Intersectoral collaboration should be encouraged (as outlined in "A New Step Forward: Improving Mental Health Services for Children and Youth in Nova Scotia")
In addition, primary and secondary services should be under the jurisdiction of DHAs who would have access to tertiary level services on a contract or fee for services basis.

Roles and Responsibility

Consumers need to be involved in design, development and evaluation of the mental health program.

Evaluation Process

The development of standards for delivery of mental health services which are evidence based and conform to best practice is encouraged. Adherence to these standards should be monitored. Finally, program evaluation should be encouraged.

62. Canadian Mental Health Association: Halifax Branch

Helen McFadyen (President)

Summary of Submission:

This submission noted concerns about the review process that is seen as "exclusive and in contradiction to guiding principles stated in the terms of reference".

Mental Health Services and Standards

The concerns noted in the submission include:
- Insufficient funding for delivery of mental health services
- No consistent approach to delivery of services
- More comprehensive crisis services
- No recognition of continuum of care and needs of consumers

Structure for Service Delivery

Issues noted include:
- Institutions are downloading on the community and do not cooperate with community groups unless institutions benefit
- There is no legislative power for Community Health Boards
- No attention to what is needed by consumers to maintain independent living in the community
- Recognition of the community in the continuum of care, and not simply moving services from the institution to the community without consulting the community
- The department of health needs to develop a means to directly fund community organization, rather than going through institutions.

Roles and Responsibility

Key issues include:
- The need to truly involve consumers and address community living needs
- There is an immediate need to formally recognize the role of consumers in this province. There was a proposal submitted jointly by the Canadian Mental Health Association, Self-Help Connection and the Schizophrenia Society to the Department of Health and the Department of Community Services in 1997; this could serve as a model to implement the process.
- Department of Health needs to work in conjunction with Community, Justice, HRDC and Housing to best serve the need of mental health consumers living in community.

63. Continuing Care Association of Nova Scotia

Debra Leigh (CEO)

Summary of Submission:

Mental Health Services and Standards

The submission notes two main concerns:
- Increasing numbers of elderly in continuing care sector who have a depressive disorder and the need for health care professionals working with the eiderly to be familiar with common psychiatric syndromes and best practices for management and treatment
- Policy development for persons living with disabilities who are funded through Income Assistance. This is seen as resulting in many disabled persons living in poverty with added stigma of being on welfare.

64. Canadian Mental Health Association

Celeste M. Gotell
Other Key Information submitted:
- Includes an overview of the role of CMHA in delivery of mental health services

Summary of Submission:

Overall comments point to the need to continue the focus on the guiding principles outlined in the Terms of Reference for the review. Specifically, that this consultation process of stakeholders is a legitimate process and opinions will be valued; needs of mental health consumers are paramount and that mental health will be addressed as a population health concern.

Two additional key points are the "need for action", not further review and meaningful participation of all stakeholders.

Key issues identified in the submission include:
- Mental health as a population health concern
- Need for mental health promotion
- Stigma reduction
- Meaningful mental health consumer participation
- Cross cultural considerations

Mental Health Services and Standards

- The review needs to consider a long term mental health promotion strategy for the province and that appropriate financial resources be committed to this effort.
- In order to deal with access and attention to mental health needs, efforts need to be taken to address the stigma of mental health issues. Until this issue is addressed the provision of mental health services cannot be adequately addressed.
- Cross cultural issues of First Nations, indigenous blacks and new Canadians need to be addressed in the system.

Structure for Service Delivery

Although proposals for structure for the system are not delineated, the submission notes that is critical that mental health must be examined and addressed within the content of population health. This approach will address the broad scope of needs of mental health consumers and recognizes the impact of factors such as housing, employment, social support and relationships.

Roles and Responsibility

The submission notes that the CMHA's Community Resource Model recognizes that consumers need to be involved in decisions affecting their own health. The mental health must recognize consumer involvement and ensure that it occurs in practice.

65. Schizophrenia Society of Nova Scotia

Joanne Bertrand (Executive Director)
Other Key Information submitted:

- Includes a Feb 1999 Submission to Minister's Task Force on Regionalized Health Care in Nova Scotia and the Society's response to questions regarding development of the Terms of Reference for the Review.

Summary of Submission:

Mental Health Services and Standards

With regard to services and standards, the submission includes the following comments:

- Access to newer atypical medications need to be available for people on Canada Pension and those in the work force who do not have access
- There is a lack of practical supports in the community (such as vocational counseling, assistance with transportation and clothing)
- Early identification and intervention services for children are critical to the future of children
- Assertive community treatment programs for the most seriously mentally ill must be expanded
- There needs to be more equitable distribution of resources across rural areas of the province

Structure for Service Delivery

The move from four Regional Health Boards to nine District Health Authorities is questioned. The group has concerns with regionalization models and notes the following areas of concern:

- Uncertainty and confusion about who makes decisions about how dollars are spent
- Where do community groups focus their advocacy efforts
- Whom do they approach to seek access to funding

The submission also notes the current imbalance in allocation of resources between urban and rural areas.

Evaluation Process

The review should develop criteria for evaluating programs in the non-profit sector currently supported with government funding.

66. Canadian Mental Health Association Pictou County Branch

Sherry Blinkhorn, President

Summary of Submission

Adequacy of Mental Health Services and Standards

The Association is opposed to the recommendation to close down the short-stay unit for psychiatric patients at the Aberdeen Hospital. Relocation of in-patient services violates the principle of community based care. Pictou County also needs funding for more staff and mental health programs to prevent or reduce the need for short and long stay hospitalization.

67. Valley pastoral Counselling Services Association

Rev. Patricia S. Gow Coordinator Counseling Services

Summary of Submission

The Association recommends that Mental Health Services make efforts to ensure that the spiritual component be addressed in all aspects of mental health care.

68. Provincial Health Council

Other Key Information:

- Included in the submission are information brochures on the mandate, structure and goals of the Council and a 1999 report on Children and Adolescent Mental Health Services

Summary of Submission

Mental Health Services and Standards

The Provincial Health council endorses the values and priorities contained within "*A New Step Forward*" with respect to need to the following: accessibility of the full continuum of services to address the multiple needs of children, adolescents and their families, inter-sectoral collaboration at all levels and supporting prevention, health promotion and early identification initiatives at a community as well as provincial level.

It is recommended that a review of the range and accessibility of mental health services to First Nations' should be carried out.

The Council also recommends that human resource policies be developed to provide incentives to encourage more appropriate distribution of mental health clinicians across Nova Scotia.

Structure for Service Delivery

Leadership structures should be put in place to ensure effective inter-sectoral collaboration. Consideration should be given to the eventual creation of a single leadership structure devoted to addressing the needs of children and adolescents.

Roles and Responsibilities

Efforts should be directed at increasing the role of the family physicians as partners in the provision of mental health care. Processes to support improved case collaboration and increased education of physicians with respect to diagnostic and treatment issues in mental health should be developed.

Consumer participation in design, development and evaluation of mental health programs as well as in an advocacy role should be supported in the development of provincial policy and standards.

Evaluation

A mechanism should be put in place at the provincial level to ensure the ongoing evaluation of all mental health services. Indicators of quality should be developed and incorporated into quality management programs at the local and provincial levels.

69. Metropolitan Immigrant Settlement Association (MISA)

Mary Anne McKinnon Rodriguez (Executive Director)
Other Key Information:

- MISA is a non-profit community based organization which provides a range of programs and services to newcomers to Canada

Summary of Submission

Mental Health Services and Standards

- Mental Health Care system should be culturally sensitive and appropriate
- There should be alternate points of entry into the mental health care system
- There is little cross-cultural experience/understanding on the part of many professionals
- Lack of support for community based organizations who are dealing with mental health issues
- An absence of resources and research related to delivering culturally sensitive and appropriate mental health services.
- An absence of information about mental health care professionals who speak other languages and have cross-cultural experience.

Structure for Mental Health Service Delivery

- For the newcomer the Shared Care model is one which MISA proposes. This model includes the involvement of the Dalhousie Psychiatry Department, hospitals and the community.
- Other provinces have been successful in providing culturally sensitive and appropriate mental health services MISA recommends doing a survey of such services to determine if some may be used in Nova Scotia.

Roles and Responsibilities

MISA sees its role as a resource and educator for the academic component and clinical services of the Mental Health care system. It also serves as a referring body for clients who require mental health care. It would like to be considered as a partner in the delivery of mental health care services to newcomers.

70. Canadian Mental Health Association, Colchester East Hants Branch

Trish Spark, Program Assistant
Other Key Information:

- Included an information brochure outlining available resources, services and programs for mental health consumers in the region.

Summary of Submission

Mental Health Services and Standards

The following services were listed as being necessary but missing from the region- homeless shelter, crisis line, crisis centre, transitional housing, safe affordable housing, more public education, more family doctors, more psychiatrists, more one-one support workers, employment counselors.

The relationship between poverty and mental health needs to be addressed by the review.

Consumers believe they need more assertiveness training, training in advocacy and education programs and resources to have more meaningful involvement in mental health policy development and service delivery.

71. Schizophrenia Society of Nova Scotia, Yarmouth Chapter

Matthew Policha (Chairman)
Robert Williams

Summary of Submission

Mental Health Services and Standards

The following concerns were raised:

- There may be a loss or downsizing of mental health services provided in their area. Believe that a full mental health unit should be available within 100 Km of consumers.
- There is a need for a Help Line. At one time they could call the Mental Health Unit but are no longer allowed to do so.
- Case workers or case managers should be available to monitor clients to ensure they are taking medications properly, have groceries and are not having difficulties.
- There is need for reasonable accommodations for persons with mental illness.
- Lack of affordable transportation.
-

Roles and Responsibilities

There is no format in place where support groups, community groups or consumers have any input into the mental health system.

72. Schizophrenia Society of Nova Scotia, Cape Breton Branch

Summary of Submission

Mental Health Services and Standards

The following issues were raised:

- There is inadequate funding
- Access to mental health services must be improved by providing satellite clinics or transportation to treatment centres.
- There is not enough outreach services
- There is a lack of psychiatrists
- No mental health services available outside the Sydney Industrial area.

Structure for Service Delivery

The decision-making process for Mental health Services should include family care-givers, clients and volunteer organizations.

The Mental Health Service should be incorporated into the larger health care system and given equal status.

Roles and Responsibilities

The role of the Schizophrenia Society is to provide a support system for family care-givers, advocacy for those with the illness, public consumer and care giver education, referrals, and promotion of public awareness.

Evaluation Process

The mental health system should be evaluated by those who use it.

73. Coalition of Mental Health Stakeholders

Other Key Information:

- Coalition membership is made up of concerned citizens with expertise in mental health

Summary of Submission

Mental Health Services and Standards

The following key issues were identified by the stakeholders:

- Lack of governance and policy direction.
- Inadequate funding of mental health services.
- Lack of continuum of care for mental health consumers.
- A classification process which inhibits timely and appropriate placement of mental health consumers to function successfully in the community.
- Lack of investment in consumer and family run initiatives.
- Lack of a strategy to fully involve consumers and families in service system policy development, planning and evaluation.
- Inadequate application of evidence based care and a general lack of outcomes evaluation.
- Inadequate research and education about mental health.
- Inadequate integration of services across age groups within mental health services.
- Inequitable distribution of resources in rural versus urban areas.

Structure for Service Delivery

Recommends:

- The identification of leadership and supports to implement a province-wide vision for mental health services.
- The development of a funding model for mental health services that compares them to all health services and allocates funds based on the prevalence of mental illness, disease chronicity, social burden, social costs and efficacy of treatments.
- Involvement of consumers, providers, non-government organizations, Dalhousie University and DOH and Community Services in the joint development of a vision, governance structure and continuum of care for mental health services.
- Development of a provincial mental health system that is integrated into the general health care system.
- Provision of funding for housing and other supports.
- Investment in research, and education.
- Discontinue the current classification and placement system and enable treatment facilities to complete their own placements.

Academic Community

74. Clinical Psychology PhD Program, Dept of Psych., Dalhousie University

Michael Sullivan (Assoc. Professor and Coordinator)

Summary of Submission:

Mental Health Services and Standards

Only commented on recruitment and retention of highly qualified mental health personnel in the province. They encourage the province to work collaboratively with the Clinical Psychiatry Program to discuss and determine ways to attract and retain personnel in the province. The creative use of psychologists is seen as a way to improve delivery of mental health services.

75. University of Dalhousie: Department of Psychiatry

Dr. Darcy Santor

Summary of Submission:

Evaluation Process

The submission focuses on the importance of evaluating the effectiveness of mental health programs and treatments. The involvement of, and the ability of various mental health professionals, researchers and policy makers needs to be enhanced.

76. Dalhousie University, School of Nursing

Barbara Downe-Wamboldt (Director, School of Nursing)

Summary of Submission:

Mental Health Services and Standards

The School of Nursing contends that the Government needs to adopt a policy framework with a set of professional standards as a means to develop a continuum of mental health services. They believe that restructuring the system should focus on:

- Developing a system that supports the consumer
- Integrating a multi-sectoral approach
- Integrating the formal and informal mental health resources
- Legislating the federal health care practitioner clause
- Developing an information system
- Promoting mental health
- Ensuring citizen participation
- Educating the public

77. Committee to Establish A Chair

D. Haley (Chairman)
Other Key Information:

- The Committee to Establish A Chair was started in 1997 and has promoted the creation of a Chair in Adolescent Mental Health at the Dalhousie University School of Medicine

Summary of Submission:

Mental Health Services and Standards

Stresses the need for more resources in the adolescent mental health system. They note that the rate of adolescent suicide has been climbing over the last decade and is the number one cause of death among adolescents.

They believe the following objectives should be included in the Mental Health System:

- Implementation of a plan for early detection this may include alternate identification and treatment models.
- An effective referral mechanism on a provincial basis must be implemented.
- The system must provide adequate treatment in keeping with national standards.
- The system must be able to report to its public on a regular and timely basis.

The major challenges in the system are centered around accessibility of services, public education and family centered care.

School Boards

78. Southwest Regional School Board

Summary of Submission:

The submission notes that overall, the number of students with mental health issues is increasing.

Mental Health Services and Standards

Main issues deal with accessibility to service, communication between the school and mental health systems, and availability of services.

- Accessibility is hampered by transportation and geography issues and by awareness of services and how to access the same
- Communication between the school personnel and mental health professionals could be improved
- There is a lack of services for students with significant behavior issues, adolescents specific need groups such as young sex offenders, survivors of sexual abuse and fi inpatient treatment and assessment services for children and youth

Structure for Service Delivery

They note the need for alternative methods of service delivery which are not clinic based. In other words, they note that it is important for the mental health professional to see the students within the classroom. These types of observations are seen as valuable.

Roles and Responsibility

As the number of mental health issues increases, there is a need for the mental health and school personnel to work together to meet the needs. This may require changes to more traditional service delivery systems.

79. Strait Regional School Board

Monica Williams

Summary of Submission

Mental Health Services and Standards

The top four issues requiring change in the mental health system are:

- Limited access to centralized services in rural areas.
- Need for more long term intervention for children and families as opposed to consultation services.
- Existing provincial departmental structure hinders information sharing and partnership in service delivery.
- Current staffing levels are inadequate to accommodate the level of service delivery required by the school -aged population.

The current range of assessment and intervention services available to individuals with severe mental health problems is inadequate. Of particular concern to schools is the lack of long term treatment options for students with severe emotional and behavioral problems.

Structure for Service delivery

Emphasis should be placed on mental health treatment at the local level through the provision of a full range of community based services. At a regional level, professional development and public awareness should be organized and developed. At the provincial level, Interdepartmental collaboration could be reorganized through the establishment of a youth ministry which circumvents existing departmental boundaries.

The various components of the mental health system should be restructured to incorporate and integrated approach that is responsive to community needs and emphasis prevention. Mental health services should be given an expanded role and higher priority within the health care system.

There should be mental health service delivery at all sites within the District Health Authority. Services should be organized to address the demographics of each region. At the DHA level, liaison officers should be designated to co-ordinate interagency partnerships.

Funding for mental health services should be based on formulas that take the extra costs involved in rural service delivery into account. Funding should also be comprehensive and include the cost of professional development, equipment, travel *etc.* Funding formulas should also be flexible enough to accommodate cost sharing with other agencies in joint projects.

Roles and Responsibilities

Clarification of roles and responsibilities in addressing students' mental health needs is required. The education system should be an equal partner in a collaborative system of service delivery. School psychologists and educators should participate in all aspects of service delivery which impact on students an their families.

Evaluation

Ongoing input from outside agencies and consumers should be combined with internal measures to form an effective mechanism for long-term evaluation. Evaluation should involve monitoring of individual cases and regional issues. All stages of mental health intervention must be addressed including the development and implementation of long-range plans for both individuals and target groups within each region.

80. Annapolis Valley Regional School Board

Cindy Giffen -Johnson (Coordinator, Student Services)

Summary of Submission

Adequacy of Mental Health Services and Standards

The top four issues which require change on the part of Mental Health Services are:

- To re-establish closer, continuous and consistent contact with schools by having case-workers in schools on a regular basis.
- To standardize services across the region
- To change staff-client ratios to a more reasonable level
- To establish different priorities where mental health staff have time to be proactive.

The range of options for placement of students with extreme mental health problems has narrowed in the past several years. Waiting lists are too long. Funds which would have, in the past, been used to serve these children in institutionalized settings have not followed them to the public school system.

Insufficient staff in mental health services to meet the needs. Lack of staff to help educate school staff and to help them deliver appropriate programs in the school.

Positive changes include the recognition by mental health services staff of the need to be in the schools. Co-operative assessments and joint meetings with school staff have been most helpful.

Roles and Responsibilities

There should be increased partnership between the school boards and local mental health clinics. It is possible to deliver a wrap-around service without increased bureaucracy.

81. Halifax Regional School Board

David Reid (Superintendent)

Summary of Submission:

Mental Health Services and Standards

The top issues and concerns are:

- Central referral waiting for non-emergency services (6-9 months) are totally unacceptable and have contributed to a two tier system.
- A significant decrease in children and adolescent mental health in-patient services with no concomitant increase in community services for the region. Current system is overburdened and under-funded.
- Preventive mental health services for children and adolescents have failed to adequately develop because of decreased funding.

Roles and Responsibilities

Collaboration between children and adolescent mental health services and schools needs to addressed. Partnerships around drug prevention and treatment services need to be addressed.

82. Chignecto-Central Regional School Board

Programs and Student Services Department

Summary of Submission

Mental Health Services and Standards

The major issues challenging effective delivery of mental health services are:

- Insufficient funding which leads to long waiting lists and delays in service.
- Increase community outreach is required
- A coordinated interagency school and community education campaign promoting mental health issues, prevention services is required.

Structure for Service delivery

Advances have been made in the Northern region in the area of interagency co-operation. For example the Behaviour/Education/Support/Treatment Program (BEST) Regional Interagency Advisory Committee. This committee oversees a comprehensive pilot early intervention behavioural project delivered in collaboration with the school system.

Roles and Responsibilities

School Boards should be an active, collaborative partner with mental health services.

83. Cape Breton-Victoria Regional School Board

David M. Brennick

Summary of Submission

Mental Health Services and Standards

Due to the geographic reality of the Cape Breton region innovative ways must be explored to more effectively address mental health care needs in a timely fashion. The School Board supports the active recruitment of trained professionals seeking work in this area.

The Board supports comprehensive policies and practices across government departments which are linked and coordinated. Successful interventions will require consistency and follow-up in order to be effective over time.

The Board strongly endorses early intervention programs such as comprehensive screening and early treatment for children, youth and families at risk. The development of a full range of residential treatment options, including an in-hospital active treatment centre remains a long standing need in this area.

Roles and Responsibilities

There is a need to foster an enhanced awareness and understanding of the role of Mental Health Services. The development of interdepartmental protocols, partnerships with other agencies and an increased role for schools will help contribute to a more effective delivery of services to children and youth. The Board sees an active role for themselves in providing access to educational programming.

MENTAL HEALTH: A TIME FOR ACTION
Appendix F: Attachment 2
Other Documents Submitted

ORGANIZATION/TITLE

Strengthening Primary Care in Nova Scotia Communities
CAYAC "A Future Full of Promise" & excerpt from "Hansard (June 17/99)"
Dalhousie – Department of Psychiatry – Nova Scotia Early Psychosis Program
Dalhousie – Ross Langley
Transition Team
Addictions Treatment Overview
Avalon Sexual Assault Centre
Provincial Mental Health Review
Child & Adolescent Services Division (CASD) Group Therapy Program Aberdeen
Aberdeen Hospital Program Summary
Colchester Programs: Long Term Program
Colchester Programs: Mental Health Services
Colchester Programs: Adult Services
Colchester Programs: Inpatient Services
Colchester Programs: Child Adolescent Family Services
Cape Breton Healthcare Complex
Info on Fee For Service, Bed Statistics, GP's Patient Count
Beneficiaries for GP's
Community Based Options Home Review
Mental Health Review
Proposals for Improved Health Care Services Strait-Richmond Community Health Board
Bridges Connecting Resources and Person with Severe Psychiatric Disabilities KRRC
Health Services Association of the South Shore
Child & Youth Mental Health Program
Mental Health Services
Provincial Health Council Tom Rich's Contact
Gerry Miller – Northern Region
Questionnaire from Northern Region
Spryfield Interagency Networking
Cape Breton Healthcare Complex Mental Health Services Strategic Plan